

[Date]  
[Prior authorization department]  
[Name of health plan]  
[Mailing address]

Re: [Patient's name]  
[Plan identification number]  
[Date of birth]

To whom it may concern:

My name is [HCP's name], and I am a [board-certified medical specialty] [NPI]. I am writing to request a formulary exception for my patient, [patient's name], who is currently a member of [name of health plan].\*

The prescription is for [product, dosage, and frequency], which is medically appropriate and necessary for this patient who has been diagnosed with [condition], [ICD code(s)]. Therefore, I am requesting that the plan remove any relevant NDC blocks, so that [product] can be made available to my patient as a preferred medication.

**Patient's history, diagnosis, condition, and symptoms\*:**

Duration of illness \_\_\_\_\_

\_\_ Abdominal pain/cramping

\_\_ Bowel urgency

\_\_ Fatigue

\_\_ Frequent stools

\_\_ Nausea/vomiting

\_\_ Weight loss

\_\_ Corticosteroid use

\_\_ Biologic use

Duration of use \_\_\_\_\_

Specify biologic \_\_\_\_\_

Duration of use \_\_\_\_\_

Past Treatment(s) <sup>†</sup>	Start/Stop Dates	Reason(s) for Discontinuing
[Drug name]	[MM/YY] - [MM/YY]	[Please list side effects, lack of efficacy, etc]
[Drug name]	[MM/YY] - [MM/YY]	[Please list side effects, lack of efficacy, etc]

[Include the main reason for requesting this formulary exception].

A Letter of Medical Necessity and pertinent medical records are enclosed, which offer additional support for the formulary exception request for [product].

Please contact me, [name], at [telephone number] for a peer-to-peer review. I would be pleased to speak about why a [product] formulary exception is necessary for [patient's name]'s treatment of [diagnosis].

Sincerely,

[Physician's name and signature]

[Physician's medical specialty] [NPI]

[Physician's practice name]

[Phone #] [Fax #]

Encl: [Medical records, clinical trial information, photo(s), Letter of Medical Necessity]

\*Include patient's medical records and supporting documentation, including clinical evaluation, scoring forms, and photos of affected areas.

<sup>†</sup>Identify drug name, strength, dosage form, and therapeutic outcome.