[Clinic Date]

[Insurance Company Name]
[Prior Authorization Department Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Step Therapy Exception

Patient Name: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
Member ID: [Insurance ID Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number if applicable]

Dear Medical Director,

I am writing on behalf of my patient, **[Patient Name]**, to request a step therapy exception for the medication **[Requested Medication Name]**. My patient has been diagnosed with severe Psoriasis (ICD-10: **[Insert Code, e.g., L40.0]**) involving **[Percentage]**% of their Body Surface Area (BSA).

The patient's condition significantly impacts their daily functioning and quality of life. Based on my clinical assessment, the plan's preferred medications are medically inappropriate for this patient for the following reasons:

- **Treatment Failure:** The patient has previously tried and failed the following therapies: **[List medications like Methotrexate, Cyclosporine, or preferred biologics]** from **[Start Date]** to **[End Date]**.
- **Contraindications:** The patient has a documented contraindication to **[Name of Preferred Medication]** due to **[List comorbid conditions or potential drug interactions]**.
- **Clinical Instability:** The patient is currently stable on **[Requested Medication]**, and switching to a different agent poses a high risk of a severe flare or adverse reaction.

The requested medication, **[Requested Medication Name]**, is the most appropriate clinical choice to prevent further disease progression and permanent disability. Delaying this treatment through step therapy requirements will likely result in a significant worsening of the patient's condition.

I request that you approve this exception immediately. Please contact my office at **[Clinic Phone Number]** if you require additional medical records or clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[NPI Number]
[Clinic Name]