[Clinic Letterhead]

Date: [Date]

To: [Insurance Company Name]
Attention: Medical Review Department / Prior Authorization Department
Fax: [Fax Number]

RE: Letter of Medical Necessity for Step Therapy Exception

Patient Name: [Patient Name]
Date of Birth: [DOB]
Policy Number: [Policy ID]
Group Number: [Group ID]
Claim/Reference Number: [Reference Number if applicable]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to request an exception to the step therapy requirements for the treatment of severe Plaque Psoriasis (ICD-10: L40.0). I am requesting immediate coverage for [Requested Medication Name].

Clinical Documentation:
[Patient Name] presents with severe psoriasis involving [Percentage]% of the Body Surface Area (BSA). The condition significantly impacts the patient's daily life and is located in sensitive/functional areas, specifically [mention areas like hands, feet, face, or scalp].

Trial and Failure History:
The patient has previously tried and failed the following preferred medications:

- **[Drug Name 1]:** Used for [Duration]. Result: [Inadequate response/Side effects].
- **[Drug Name 2]:** Used for [Duration]. Result: [Inadequate response/Side effects].
- **[Drug Name 3/Phototherapy]:** Used for [Duration]. Result: [Inadequate response/Side effects].

Medical Justification for Exception:
Further step therapy (specifically the requirement to try [Insurance Preferred Drug]) is medically inappropriate for this patient because:

- [The patient has a documented contraindication to the preferred drug].
- [The preferred drug is expected to be ineffective based on the patient's clinical profile].
- [Delaying effective treatment with the requested medication poses a risk of irreversible disease progression or severe physical disability].

Based on the severity of the patient's condition and their clinical history, [Requested Medication Name] is medically necessary. I urge you to approve this request to prevent further clinical deterioration.

Sincerely,

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