

**Date:** [Date]

**To:** [Health Insurance Company Name]

**Attention:** Utilization Management / Appeals Department

**Fax Number:** [Fax Number]

**RE: Letter of Medical Necessity for Step Therapy Exception**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Member ID:** [Member ID]

**Group Number:** [Group Number]

**Prescribed Medication:** [Requested Drug Name, Dosage, and Frequency]

Dear Medical Director,

I am writing on behalf of my patient, [Patient Name], to request an exception to the step therapy requirement for [Requested Drug Name]. This medication is medically necessary for the treatment of [Diagnosis: e.g., Atherosclerotic Cardiovascular Disease (ASCVD) / Heterozygous Familial Hypercholesterolemia].

**Clinical Justification:**

The patient is currently under my care for [Specific Condition]. Their current LDL-C level is [Current LDL Value] mg/dL, which remains significantly above the clinical target of [Target LDL Value] mg/dL despite previous interventions.

**History of Failed Step Therapy / Contraindications:**

- **Trial Drug 1:** [Drug Name, e.g., Atorvastatin]. **Outcome:** [e.g., Inadequate LDL reduction / Adverse reaction: Myalgia].
- **Trial Drug 2:** [Drug Name, e.g., Ezetimibe]. **Outcome:** [e.g., Inadequate response after 12 weeks of therapy].
- **Contraindications:** [List any medical reasons why standard formulary drugs cannot be used, e.g., liver enzyme elevation, severe muscle toxicity].

**Physician's Recommendation:**

Based on the patient's clinical history and high cardiovascular risk profile, it is my professional opinion that requiring further step therapy would be ineffective and may result in an adverse clinical outcome (e.g., myocardial infarction or stroke). [Requested Drug Name] is the most appropriate treatment to achieve the necessary lipid reduction for this patient.

I request an immediate approval for this therapy. Please contact my office at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Name, MD/DO]

[NPI Number]

[Clinic Name]

[Phone Number]