

Date: [Date]

To: [Insurance Company Name]

Attention: Medical Review Department / Pharmacy Benefit Manager

Fax: [Fax Number]

RE: Letter of Medical Necessity for Step Therapy Exception

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Member ID: [Member ID Number]

Group Number: [Group Number]

Case Reference Number: [Case ID, if applicable]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to request an expedited exception to your step therapy requirements for the following medication: **[Requested Inhaler Name and Dosage]**.

Diagnosis: [e.g., Severe Persistent Asthma / COPD / Eosinophilic Asthma]

ICD-10 Code: [Insert Code]

Clinical Justification:

The patient requires the requested medication because the formulary-preferred alternatives are clinically inappropriate. The patient has already attempted and failed the following preferred treatments:

- **[Formulary Drug 1]:** Tried from [Date] to [Date]. Result: [e.g., Inadequate symptom control / Frequent exacerbations].
- **[Formulary Drug 2]:** Tried from [Date] to [Date]. Result: [e.g., Adverse reaction / Inability to use delivery device].

Rationale for Exception:

[Insert specific reason, e.g., The patient has a documented history of emergency department visits while on preferred agents; The requested medication contains a specific long-acting beta-agonist (LABA) or corticosteroid to which the patient has previously shown a unique positive response; The patient's inspiratory flow rate is insufficient for the dry powder inhaler (DPI) preferred by the formulary.]

Based on the patient's clinical history and the severity of their pulmonary condition, switching to a formulary-preferred medication would likely result in clinical regression, increased risk of hospitalization, or permanent physical harm. Therefore, I request that you grant an immediate exception and cover [Requested Inhaler Name].

Please contact my office at [Phone Number] if you require additional medical records or pulmonary function test results.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[NPI Number]