

[Physician Name]
[Clinic Name]
[Clinic Address]
[City, State, Zip]
[Phone Number]
[Date]

[Insurance Company Name]
[Attn: Prior Authorization/Appeals Department]
[Insurance Address]
[City, State, Zip]

RE: Letter of Medical Necessity for Epinephrine Auto-Injector Brand Exception

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Policy Number: [Policy ID]

Group Number: [Group Number]

Dear Medical Director,

I am writing to formally request a formulary exception and step therapy override for **[Requested Brand Name]** for the patient listed above. My clinical assessment indicates that the preferred formulary alternatives (generic epinephrine or other brands) are medically inappropriate for this patient.

Diagnosis: [Diagnosis Code, e.g., T78.40XA - Allergy, unspecified / History of Anaphylaxis]

Prescribed Medication: [Requested Brand Name, Strength, Quantity]

Reason for Exception:

- **Previous Treatment Failure:** The patient has previously utilized [Formulary Brand/Generic] and experienced [specific adverse reaction or device failure].
- **Physical/Cognitive Limitations:** The patient or caregiver has been trained specifically on the **[Requested Brand Name]** interface. Switching to a different device design poses a significant safety risk, as confusion during an anaphylactic emergency could lead to dosing errors or needle-stick injuries.
- **Specific Device Features:** This patient requires the unique [e.g., voice instructions / needle-retraction system / size profile] of **[Requested Brand Name]** which is not available in formulary alternatives.

In the event of a life-threatening allergic reaction, immediate and intuitive administration of epinephrine is critical. Forcing a change in the delivery system increases the risk of treatment failure. Therefore, I request that you approve **[Requested Brand Name]** as a medically necessary exception.

Please contact my office at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]