

[Date]
[Insurance Company Name]
[Attn: Pharmacy Benefit Manager / Appeals Department]
[Insurance Address]
[City, State, Zip]

RE: Exception Request for Step Therapy

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID Number]
Group Number: [Group Number]
Requested Medication: [Name of Requested Drug]

To Whom It May Concern,

This letter is to formally request a step therapy exception for the patient listed above, who is currently under my care for the treatment of [Specific ICD-10 Diagnosis, e.g., ADHD, Major Depressive Disorder, Generalized Anxiety Disorder].

I have prescribed [Requested Medication] because it is medically necessary for this patient's stability. The required step therapy protocol (using [Names of Alternative Drugs]) is contraindicated or inappropriate for this pediatric patient for the following reasons:

- **Previous Treatment Failure:** The patient has previously tried and failed [Drug Name] from [Dates]. Treatment was unsuccessful due to [lack of efficacy / intolerance].
- **Documented Side Effects:** Previous trials of [Drug Name] resulted in [List adverse reactions, e.g., severe insomnia, weight loss, increased suicidal ideation].
- **Clinical Contraindication:** The preferred formulary agents are contraindicated due to [List co-morbidities or potential drug interactions].
- **Clinical Stability:** The patient is currently stable on [Requested Medication], and a switch to a different agent poses a significant risk of clinical regression or hospitalization.

The pediatric population requires precise pharmacological management to ensure developmental and behavioral progress. Based on the patient's medical history and clinical presentation, [Requested Medication] is the most appropriate treatment option at this time.

I request that you approve this exception immediately to avoid any disruption in the patient's care. Please contact my office at [Phone Number] if you require additional documentation.

Sincerely,

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