

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Insurance Company Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Step Therapy Exception Appeal

Patient Name: [Patient Name]
Member ID Number: [Member ID]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for [Name of Prescribed Medication], which was prescribed by my physician, [Physician Name], for the treatment of [Medical Condition]. My request for an exception to your step therapy requirements was denied on [Date of Denial].

My physician has determined that the preferred medications required by the step therapy protocol are not appropriate for my medical situation because:

- **[Option 1: Failure of Previous Medications]** I have already tried the required medication(s), [Name of Step Therapy Drug], from [Start Date] to [End Date], and it was ineffective in treating my condition.
- **[Option 2: Adverse Reactions]** I have experienced a clinical contraindication or a documented adverse reaction to the required medication(s), specifically [Describe Side Effects/Reaction].
- **[Option 3: Medical Necessity]** Based on my medical history and the clinical characteristics of my condition, the required medication is expected to be ineffective or cause physical harm.
- **[Option 4: Stability]** I am currently stable on [Prescribed Medication], and switching to a different drug would cause a significant risk to my health.

Attached to this letter, please find supporting documentation from my healthcare provider, including medical records and a letter of medical necessity, which further explain why the required step therapy is contraindicated in my case.

I request that you overturn the initial denial and provide immediate coverage for [Name of Prescribed Medication]. I look forward to your prompt response regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents, e.g., Physician Letter, Medical Records]