

[Date]

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

RE: Step Therapy Exception Request

Patient Name: [Patient Name]
Subscriber ID: [ID Number]
Group Number: [Group Number]
Date of Birth: [DOB]

To Whom It May Concern,

I am writing to formally request an expedited exception to the step therapy requirements for [Patient Name]. I am their treating physician and have diagnosed the patient with [Name of Terminal Illness].

I have prescribed [Prescribed Medication Name] as the medically necessary treatment for this patient. Your plan currently requires the patient to first trial and fail [List Preferred Medications] before covering the prescribed treatment.

I am requesting an immediate override of this requirement based on the following:

- **Terminal Diagnosis:** The patient is suffering from a terminal illness where time is of the essence.
- **Risk of Delay:** Requiring the patient to undergo "fail-first" protocols would cause an unnecessary delay in treatment that will result in significant physical harm, rapid progression of the disease, or a decrease in quality of life.
- **Medical Necessity:** Based on the patient's current clinical status, the preferred alternatives are likely to be ineffective or cause adverse reactions that the patient cannot tolerate in their weakened state.

The prescribed medication, [Prescribed Medication Name], is the standard of care for this condition and offers the best clinical outcome for the patient. Please find the enclosed medical records and clinical documentation supporting this urgency.

Due to the terminal nature of this illness, I request an expedited review and approval within [24/72] hours.

Sincerely,

[Physician Name]
[Medical Practice Name]

[Phone Number]
[NPI Number]