

URGENT MEDICAL EXCEPTION REQUEST: OFF-LABEL USE

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Medical Review/Appeals Department

Patient Name: [Patient Name]

Patient Date of Birth: [DOB]

Policy Number: [Policy Number]

Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally request an urgent expedited authorization for the off-label use of **[Medication Name]** for my patient, **[Patient Name]**. This medication is medically necessary to treat **[Patient's Condition]**.

Clinical Justification:

The patient has been diagnosed with [Condition] and currently presents with [Symptoms/Severity]. While [Medication Name] is FDA-approved for [Standard Indication], clinical evidence and peer-reviewed literature support its efficacy for [Patient's Condition].

Previous Treatments Attempted:

The patient has previously failed the following formulary or FDA-approved therapies due to lack of efficacy or intolerable side effects:

- [Drug Name 1]: [Result/Reason for Failure]
- [Drug Name 2]: [Result/Reason for Failure]

Urgency Statement:

Standard review timelines pose a significant risk to the patient's health. Without immediate access to this treatment, the patient is at risk of [List complications, e.g., permanent organ damage, hospitalization, or rapid clinical decline].

Evidence for Use:

I have attached [Scientific Journal Articles / Clinical Guidelines] which demonstrate that [Medication Name] is the appropriate standard of care for this specific case.

Please provide a decision regarding this urgent request within [24/48/72] hours. Should you require additional information, I can be reached directly at [Phone Number].

Sincerely,

[Physician Name, MD/DO]

[Practice Name]

[NPI Number]

[Phone Number]