Date: [Date]

To: [Health Plan Name]
Attn: Utilization Management/Prior Authorization Department
Fax Number: [Fax Number]

RE: Exception Request for Step Therapy (Biological Therapeutics)

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

To Whom It May Concern,

I am writing to formally request an expedited exception to the step therapy requirements for my patient, [Patient Name], regarding the prescription of [Requested Biologic Medication].

Diagnosis: [ICD-10 Code and Description]

Clinical Justification:
The patient should be granted an exception to the required step therapy protocol for the following reason(s):

- **Required drug(s) previously failed:** The patient has already tried and failed [List Failed Drugs] for a period of [Duration]. Treatment resulted in [Inadequate response/Disease progression].
- **Risk of Adverse Reaction:** The required drug(s) are contraindicated or likely to cause an adverse reaction due to [List Medical Reasons/Comorbidities].
- **Clinical Instability:** The patient is currently stable on [Requested Biologic Medication]. Switching to the preferred agent poses a significant risk of clinical relapse or loss of function.

Supporting Evidence:
[Briefly describe lab results, imaging, or physical exam findings that support the need for this specific biologic].

Based on the patient's medical history and the severity of their condition, I believe that [Requested Biologic Medication] is medically necessary and that following the standard step therapy protocol would be detrimental to the patient's health.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]
[Practice Name]