[Date]
[Prior authorization department]
[Name of health plan]
[Mailing address]

Re: [Patient's name]
[Plan identification number]
[Date of birth]

To whom it may concern:

My name is [HCP's name], and I am a [board-certified medical specialty] [NPI]. I am writing to request a formulary exception for my patient, [patient's name], who is currently a member of [name of health plan].*

The prescription is for [product, dosage, and frequency], which is medically appropriate and necessary for this patient who has been diagnosed with [condition], [ICD code(s)]. Therefore, I am requesting that the plan remove any relevant NDC blocks, so that [product] can be made available to my patient as a preferred medication.

Patient's history and symptoms*:

___ # of swollen joints
___ # of tender joints
___ ESR score ___ CPR score
___ # eroded joints
___ Duration of illness
___ Methotrexate (MTX) use (Y/N)
___ Duration of MTX use ___ MTX dosage
___ Other DMARD use; (specify) _____

Past Treatment(s)†	Start/Stop Dates	Reason(s) for Discontinuing
[Drug name]	[MM/YY] - [MM/YY]	[Please list side effects, lack of efficacy, etc]
[Drug name]	[MM/YY] - [MM/YY]	[Please list side effects, lack of efficacy, etc]

[Include the main reason for requesting this formulary exception].

A letter of medical necessity and pertinent medical records are enclosed, which offer additional support for the formulary exception request for [product].

Please contact me, [name], at [telephone number] for a peer-to-peer review. I would be pleased to speak about why a [product] formulary exception is necessary for [patient's name]'s treatment of [diagnosis].

Sincerely,

[Physician's name and signature]
[Physician's medical specialty] [Physician's NPI]
[Physician's practice name]
[Phone #] [Fax #]

[Patient's name and signature]
[Patient's contact information]

Encl: [Medical records, clinical trial information, photo(s), letter of medical necessity]

CCP, anti-cyclic citrullinated; CRP, c-reactive protein; ESR, erythrocyte sedimentation rate.

*Include patient's medical records and supporting documentation, including clinical evaluation, scoring forms, and photos of affected areas.

†Identify drug name, strength, dosage form, and therapeutic outcome.