**Sample Format Exception Letter**

**[Insert physician letterhead]**

**[Insert Name of Medical Director]** RE: Patient Name **[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]**

**[Insurance Company]** Policy Number **[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]**

**[Address]** Claim Number **[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]**

**[City, State, Zip]**

Dear **[Insurance Company]**:

I am writing to request a formulary exception for **[insert patient name]** to be treated with STELARA® (ustekinumab) **[45 mg or 90 mg]** for **moderate to severe plaque psoriasis**.In brief, treatmentwith STELARA® is medically appropriate and necessary and should be a covered and reimbursed service.

**Below, this letter outlines relevant medical history, prognosis, treatment, and treatment rationale. [Insert summary of patient history. You may want to include]:**

* **Patient’s relevant history, findings, and diagnosis**
* **Previous treatment of plaque psoriasis**
* **Patient’s response to these therapies**
* **Brief description of the patient’s recent symptoms and conditions including photographs of plaques/location of plaques**
* **Site of administration – select one and provide rationale: [Physician-supervised administration] or [Self-administration] (eg, compliance, needle phobia, closely monitoring patients)**
* **Summary of your professional opinion of the patient’s likely prognosis or disease progression without treatment with STELARA®**

**Rationale for Treatment**

**Include a statement supporting your rationale on why you consider STELARA® to be medically necessary for your patient with moderate to severe plaque psoriasis given the patient's history, condition and severity of disease, and published data.** STELARA® is the only subcutaneous treatment option that offers weight-based dosing for adults patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy. The attached **[copies of clinical peer-reviewed published literature, photographs of plaques/location of plaques, package insert]** documents the effectiveness of STELARA® in treating plaque psoriasis. If you disagree with coverage, I am requesting an exception and a Like Specialist to review this documentation.

Please call my office at **[insert telephone number]** if I can provide you with any additional information. I look forward to receiving your timely response and approval of this claim.

Sincerely,

**[Insert Doctor name and**

**participating provider number]**

Enclosures