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 **active psoriatic arthritis**. [State whether you consider the treatment to be medically appropriate and necessary, e.g., "In brief, treatment with 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 psoriatic arthritis**
- **Patient's response to these therapies**
- **Brief description of the patient's recent symptoms and conditions including photographs of plaques/location of plaques, and swollen and tender joint count**
- **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 active psoriatic arthritis 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, alone or in combination with methotrexate, for adult patients with active psoriatic arthritis, with co-existent moderate to severe plaque psoriasis. The attached **[copies of clinical peer-reviewed published literature, photographs of plaques/location of plaques, swollen and tender joint count, package insert]** documents the effectiveness of STELARA® in treating psoriatic arthritis. 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