[Date]

[Name of insurance company]
[Address]
[City, State, ZIP code]

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

To whom it may concern:

I am writing to request an exception to your formulary for [PRODUCT NAME] [dose, frequency] that I prescribed for my patient, [patient's full name].

Listed below are the patient's diagnosis, medical history, treatment plan, and other supporting information, which confirm the medical necessity and appropriateness of [PRODUCT NAME].

Patient's diagnosis, medical history, treatment plan, and supporting information

[Insert information regarding the patient's diagnosis; medical history, including previous therapies and results; treatment plan; and other supporting information.]

I hope you will agree [PRODUCT NAME] is appropriate and medically necessary to treat my patient's condition and will support this request for a formulary exception. Enclosed in support of this request are [insert description of supporting documents].

Thank you in advance for your consideration. Please contact me at [office phone number] for any additional information you may require regarding this matter. I look forward to your timely approval of this formulary exception request.

Sincerely,
[Sign and print your name here]

Attachments: [Enclose supporting documentation]