

Prescription Drug Formulary Exception Request

Subject: Formulary Exception Request for [Medication Name]

Dear Pharmacy Benefits Manager,

I am requesting a formulary exception for [medication name] as prescribed by Dr. [Name] for treatment of my [condition]. Your current formulary does not include this medication, or places it in a tier requiring prohibitive cost-sharing.

I have previously tried the preferred formulary alternatives including [list medications tried] without success. These medications either proved ineffective for my specific condition or caused unacceptable side effects including [list specific issues]. My physician and I have determined that [requested medication] is the most appropriate treatment option based on my medical history and individual response patterns.

The requested medication is essential for managing my condition effectively and maintaining my quality of life. Without access to this specific treatment, I face [consequences of not having medication]. This is not merely a preference but a medical necessity based on clinical evidence and my documented treatment history.

I am requesting that [medication name] be added to your formulary or that I be granted an exception allowing coverage at the lowest tier cost-sharing level. I have attached all relevant medical documentation, physician notes, and evidence of previous medication trials to support this request. Please expedite this review as continuity of treatment is crucial for my health outcomes.

Thank you for your consideration.

Sincerely,

[Your Name]

[Member ID]

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