**Sample Letter of Exception (Formulary or Plan Exclusion)**

**Template Instructions:**

This template is offered as a resource a healthcare provider could use when requesting an Exception for a Formulary/Plan Exclusion for LOKELMA® (sodium zirconium cyclosilicate) for one or more of the following reasons:

* LOKELMA is not on the plan’s list of covered drugs
* LOKELMA was previously included on the plan’s list of covered drugs, but is being removed or was removed from this list during the plan year
* To request an exception to the requirement that the patient try another drug before the patient is able get LOKELMA as the healthcare provider has prescribed

As you review the template below, please note that you will need to populate or provide the information in bracketed pink font ([xxx]).

**Documents typically included with a Letter of Exception are** **a copy of the denial or explanation of benefits, any supporting documents, and the Prescribing Information.** If you have questions, please contact our Information Center at 1-800-236-9933.

**Use of this letter does not guarantee that the insurance company will provide coverage for LOKELMA and is not intended to be a substitute for or an influence on the independent medical judgment of the healthcare provider.**

**IMPORTANT NOTE: This template is intended to be completed by the patient’s treating physician. Prior to submission, please delete these instructions and complete all sections below.**

***[Healthcare Provider Letterhead]***

**Date:** [Date]

**Payer Name:** [Payer Name]

**Payer Address:** [Payer Address]

**City, State, ZIP Code:** [City, State, Zip code]

**Payer Phone and Fax Number:** [Payer Phone and Fax Number]

**Patient Name:** [Patient Name]

**Patient Date of Birth:** [Patient Date of Birth]

**Policy Number:** [Policy Number]

**Group Number:** [Group Number]

**RE: Formulary/Plan exception for LOKELMA® (sodium zirconium cyclosilicate)**

Dear [Name of the Contact Person at the Payer]:

I am writing on behalf of my patient, [Name of Patient], to request a formulary exception to receive LOKELMA which has been prescribed to treat [Specific Diagnosis]. My request is supported by the following:

**Patient History and Diagnosis:**

[Provide a brief description of the patient’s medical condition here]

[Include a short summary of the patient’s medical history]

[Explain why you believe it is medically necessary for the patient to receive this medicine. Include information such as the following:

* Diagnosis and date
* Documentation of failure of past treatments, including test results
* Include pertinent test and lab results, with a note to explain rationale for abnormal results
* Extenuating circumstances that would preclude alternatives to LOKELMA
* If the patient was previously prescribed LOKELMA, document the patient’s condition prior to treatment, post treatment, and potential consequences to the patient’s condition if forced to use alternative medication
* Indicate your professional opinion of the patient’s likely prognosis or disease progression without treatment]

**Summary:**

[Insert summary statement for rationale for treatment such as: To conclude, for the reasons stated above, considering this patient’s history, condition, and the LOKELMA prescribing information, I believe treatment with LOKELMA at this time is medically necessary and should be covered for this patient.]

I would appreciate a prompt review of this information and authorization of LOKELMA. I can be reached at [Provider Phone Number] or by fax at [Provider Fax number] for additional information and discussion. Thank you for your consideration.

Sincerely,

[Physician’s Name]

[Physician’s Practice Name]

Enclosures

[Include medicine Prescribing Information]

[Include full Prescribing Information, including Patient Information]

References

[Include medicine Prescribing Information]

[Include other relevant references and publications regarding medicine]

[Copy of patient denial letter, if applicable]

[Clinical progress notes]

[Patient’s lab results]

[Documentation of hospitalization/emergency room visits and or unscheduled office visits]

[Lists of sample medications provided, including dosages, dates used, and if samples were given]