**Sample Tier Exception Request**

**Template Instructions:**

This template is offered as a resource a healthcare provider could use when requesting a Tier Exception from a patient’s health benefits company when LOKELMA® (sodium zirconium cyclosilicate) is non-preferred. 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 Tier Exception request include a copy of the explanation of benefits, any supporting documents, and Prescribing Information.** If you have questions, please contact our Information Center at 1-800-236-9933.

**Use of the Exception Request letter does not guarantee that the insurance company will approve your request 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: Tier Exception Request for LOKELMA® (sodium zirconium cyclosilicate)**

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

I am writing on behalf of my patient, [Patient Name] to request a Tier Exception for LOKELMA for the treatment of [Specific Diagnosis]. According to the plan’s coverage details for this patient, LOKELMA is covered at [Tier Status] with a co-payment of [Co-Payment Amount]. The patient’s current out-of-pocket cost for LOKELMA poses a financial hardship for this patient which may prevent the patient from being able to remain on therapy as prescribed.

LOKELMA is medically necessary for this patient’s treatment over other drugs listed in the lower-cost tiers in the formulary. This letter provides information about the patient’s medical history and diagnosis and a statement summarizing my treatment rationale.

**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 including lab results and failed medicines; where applicable, such as the following:

* List the formulary or preferred drug(s) tried that resulted in an adverse outcome; list the adverse outcome for each drug listed
* List the maximum dose and length of therapy for formulary or preferred drug(s) tried that were a therapeutic failure or not as effective as LOKELMA
* List specific reason why preferred drug(s)/other formulary drug(s) are contraindicated]

[Explain why you believe it is Medically Necessary for Patient to receive LOKELMA.]

[Describe the Potential Consequences of the Patient if they do not receive LOKELMA.]

[Obtain and Attach Supporting Letters from any other Specialist(s) that is currently or has previously provided Care to the Patient.]

[Include Medicine Indication Information]

[Include Medicine Administration Information]

To conclude, for the reasons stated above, LOKELMA is medically necessary for this patient’s medical condition and therefore, I am requesting that a Tier Exception be granted so this patient can obtain LOKELMA at a lower cost tier. Please contact me at [Provider Phone Number] if any additional information is required to ensure the prompt approval of a Tier Exception for LOKELMA.

Sincerely,

[Physician’s Name]

[Physician’s Practice Name]

References

[Include medicine PI]

[Include other relevant references and publications regarding medicine]