

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 SIMPONI® (golimumab) 100 mg for the treatment of **ulcerative colitis**. In brief, treatment with SIMPONI® [describe if medically appropriate and necessary and should be a covered and reimbursed service for this patient].

Below, this letter outlines relevant medical history, prognosis, treatment history, and treatment rationale.

[Insert summary of patient history. You may want to include]: • Patient's relevant history, findings, and diagnosis • Previous treatment of ulcerative colitis • Patient's response to these therapies • Brief description of the patient's recent symptoms and conditions including endoscopic images • Summary of your professional opinion of the patient's likely prognosis or disease progression without treatment with SIMPONI®

Rationale for Treatment

Given the patient's history, condition and severity of disease and the published data supporting use of SIMPONI®, I believe [describe if medically indicated]. SIMPONI® is a subcutaneous (SQ) option for adults with moderately to severely active ulcerative colitis who are corticosteroid dependent or have failed conventional therapy. The attached [copies of clinical peer-reviewed published literature, endoscopic images, package insert] documents the effectiveness of SIMPONI® in treating ulcerative colitis. 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