

Please see below a sample letter of medical exception for example purposes only. This sample letter provides insight into what plans may consider relevant information regarding your patient's treatment. Please note that submission of the information below does not guarantee the health plan will provide coverage for the prescribed medication, and some plans may require different or additional information. This example is not meant as a substitute for a prescriber's independent medical decision-making.

{Date Created}

{Provider_Full_Name}

{Site_Address1} {Site_Address2}

{Site_City}, {Site_State} {Site_Zip}

{Contact Name} (Usually the medical director)

{Title}

{Name of the Health Insurance}

{Address Street}

{Address. City, State and Zip Code}

Insured: {Patient Name}

Policy Number: {Number}

Group Number: {Number}

Dear Dr. {Medical Director's Name},

I am writing to you on behalf of my patient {Patient Name} to request approval for coverage of EPIDIOLEX® (cannabidiol) for his/her treatment. {Patient First Name} has been under my care since {Date} for treatment of {Diagnosis}. You have indicated EPIDIOLEX is not covered because {Reason for denial from Prior Authorization letter or previous appeal denial letter}.

Please see the attached documentation, regarding {product name and/or patient's first name} to assist with reconsideration of your decision.

- Include rationale why this is medically necessary at the dosage prescribed
- List all [patient's name] previous trial and failure therapies
- Include any pertinent diagnostic tests, such as EEG, MRI or genetic testing
- Provide reasons to substantiate why this would be the next logical step in your medical judgement to help the patient achieve better seizure control
- Include pertinent medical records that support your decision to prescribe EPIDIOLEX

This letter is being sent to you as part of the services of the JazzCares® Team and is intended for the addressee shown. It contains information that is confidential. For questions regarding this letter, refer to the contact information listed above. If you have received this letter in error, please immediately destroy it and notify the sender.

To learn more, patients please refer to EPIDIOLEX.com and US Healthcare Professionals refer to EPIDIOLEXhcp.com.

- Published data you feel supports EPIDIOLEX use for the patient's condition
- Any other considerations for inclusion

Based on the details above along with the attached information, it is my belief as a specialist that treatment with EPIDIOLEX is appropriate and medically necessary for my patient. Therefore, I am requesting reconsideration of the denial, so I may move forward with treating this patient as I deem necessary for their health. Where applicable, I would also appreciate an opportunity to discuss this case peer to peer.

If any further information is necessary for approval of this request, please feel free to call me at *{Prescriber's phone number}* to discuss. Thank you in advance for your immediate attention to this request.

Sincerely,

{Prescriber's Signature}

{Prescriber's Name}

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