

SAMPLE FORMULARY/TIER EXCEPTION FORM

RE: _____

Dear _____,

My name is _____, and I am a board-certified _____. I am writing to request a _____ for my patient, _____, who is currently a member of _____. The request is for Rasuvo® (methotrexate) injection for the treatment of _____, _____. I have outlined below my patient's medical history, prognosis, and treatment rationale for your review.

Patient History

Has the patient tried any other medications for this condition? NO YES (If yes, complete the table directly below.)

Medication	Duration of Therapy	Patient Response

Currently, _____ has the following unresolved symptom(s):

Proposed treatment plan with Rasuvo:

Drug Information

Rationale for Treatment

Given the patient's history, condition, and severity of disease as well as the published data supporting use of Rasuvo, I believe it is medically necessary to treat this patient with Rasuvo at this time. If you have any further questions, please contact me. I look forward to receiving your timely response and approval of this claim.

Sincerely,

Physician Signature

Attached documents:

- Rasuvo Package Insert _____
- Medical Records _____
- Photos _____