If your health insurance plan will not help pay for your STELARA® (ustekinumab) prescription,

TAKE ACTION

YOUR voice. treatment. choice.

CONSIDER ASKING YOUR HEALTH INSURANCE PLAN TO MAKE AN EXCEPTION

If your doctor has prescribed STELARA® (ustekinumab) for you, and you have learned that your health insurance plan will not help pay for your treatment with STELARA®, know that you can challenge that decision. You do not have to go through this process alone. Your healthcare team may be able to help you.

One option in challenging your health insurance plan's decision is to write an exception letter.

What is an exception letter?

If STELARA® is not preferred on your health insurance plan's formulary, you or your doctor can write an exception letter to request your health insurance plan to make an exception for you and cover your treatment with STELARA®.

What does an exception letter look like?

On the next page, you will find a sample letter of exception for STELARA®, along with details on how to customize the information for your specific situation.

Visit stelarainfo.com/mychoice to download sample letters of exception that you can edit. All pink text in the sample letters needs to be replaced with information specific to you or deleted entirely if it does not apply to you.

Talk to your doctor or their office staff members about any questions you may have or for any documents you may need such as a Letter of Medical Necessity or medical records.

Stelara® (ustekinumab)

Sample Completed Letter of Exception for STELARA® (ustekinumab)

Review the sample exception letter below as a reference if you choose to write one to your health insurance plan.

Include the date you are mailing your letter of exception, the name of your insurance plan, which can be found on your insurance card, the department name and the name of the person you want to send your letter to, and the address you want to send your letter to, which can all be found on your health plan communications.

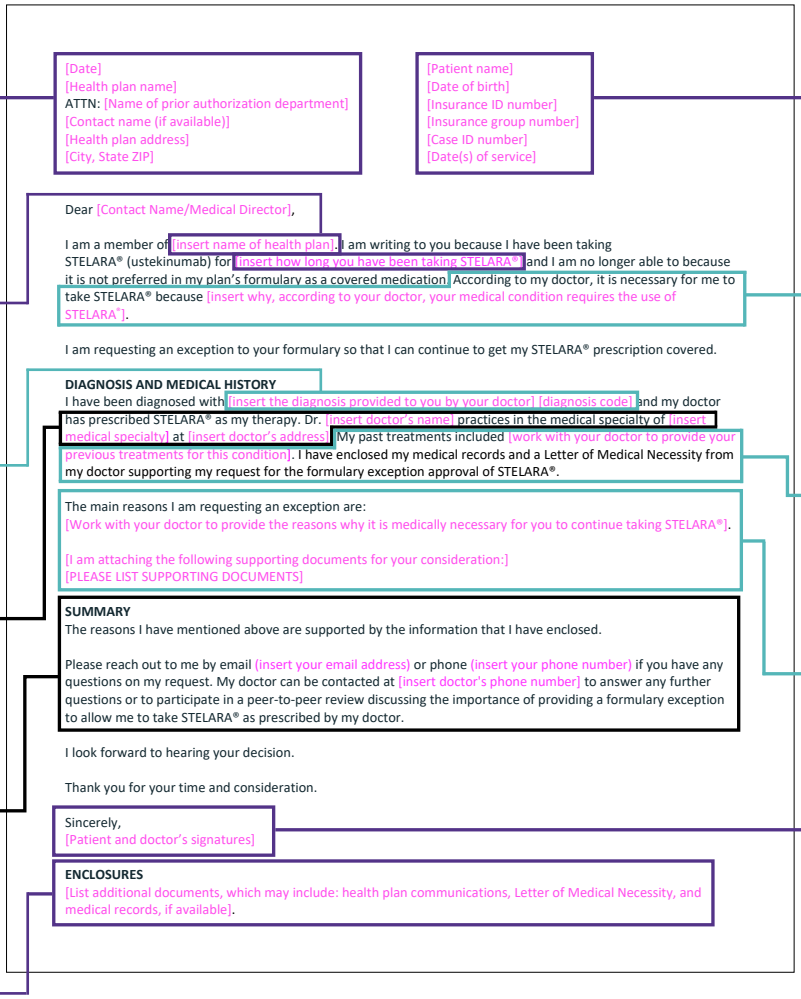
Include your health insurance plan's name, which can be found on your insurance card. It is important that you include how long you have been taking STELARA® if you are an existing patient.

Mention your condition and the diagnosis code. Contact your doctor for this information.

Include your doctor's name, medical specialty, and office address. If you are not sure about this information, please contact your doctor's office.

Close your exception letter with a summary that includes your email address, your phone number, and your doctor's phone number. Please be sure to include the number that would be best to reach you on.

Complete your exception letter with a summary of the documents you have attached to your letter to further support your request.



[Date]
[Health plan name]
ATTN: [Name of prior authorization department]
[Contact name (if available)]
[Health plan address]
[City, State ZIP]

[Patient name]
[Date of birth]
[Insurance ID number]
[Insurance group number]
[Case ID number]
[Date(s) of service]

Dear [Contact Name/Medical Director],

I am a member of [insert name of health plan]. I am writing to you because I have been taking STELARA® (ustekinumab) for [insert how long you have been taking STELARA®] and I am no longer able to because it is not preferred in my plan's formulary as a covered medication. According to my doctor, it is necessary for me to take STELARA® because [insert why, according to your doctor, your medical condition requires the use of STELARA®].

I am requesting an exception to your formulary so that I can continue to get my STELARA® prescription covered.

DIAGNOSIS AND MEDICAL HISTORY
I have been diagnosed with [insert the diagnosis provided to you by your doctor] [diagnosis code] and my doctor has prescribed STELARA® as my therapy. Dr. [insert doctor's name] practices in the medical specialty of [insert medical specialty] at [insert doctor's address]. My past treatments included [work with your doctor to provide your previous treatments for this condition]. I have enclosed my medical records and a Letter of Medical Necessity from my doctor supporting my request for the formulary exception approval of STELARA®.

The main reasons I am requesting an exception are:
[Work with your doctor to provide the reasons why it is medically necessary for you to continue taking STELARA®].

[I am attaching the following supporting documents for your consideration:]
[PLEASE LIST SUPPORTING DOCUMENTS]

SUMMARY
The reasons I have mentioned above are supported by the information that I have enclosed.

Please reach out to me by email (insert your email address) or phone (insert your phone number) if you have any questions on my request. My doctor can be contacted at [insert doctor's phone number] to answer any further questions or to participate in a peer-to-peer review discussing the importance of providing a formulary exception to allow me to take STELARA® as prescribed by my doctor.

I look forward to hearing your decision.

Thank you for your time and consideration.

Sincerely,
[Patient and doctor's signatures]

ENCLOSURES
[List additional documents, which may include: health plan communications, Letter of Medical Necessity, and medical records, if available].

Include your name and date of birth. Below that, include your insurance identification (ID) number and insurance group number, which can be found on your insurance card. Then, include your case ID and the date you were trying to fill your prescription, which can be found on your health plan communications.

Include the reason why your doctor believes it is necessary for you to take STELARA®. If you are not sure why, please contact your doctor's office for more information.

List your past treatments and the documents you will attach to your letter to support your request. If you are not sure about this information, please contact your doctor's office.

Include the main reasons why you are requesting an exception from your health insurance plan and mention any supporting documents you will include to support your reasons.

Be sure to include your and your doctor's signatures at the end of your letter.

Talk to your healthcare team about next steps for getting STELARA® or visit stelarainfo.com for additional information about resources and support that may be available to you.

Stelara® (ustekinumab)