

Sample Letter of Medical Necessity

[Physician's letterhead]

[Date]

[Name of pharmacy director or payer contact]

[Contact's title]

[Name of health plan company]

[Health plan address]

[City, state, ZIP code]

Patient: [Patient's name]

Date of birth: [Patient's date of birth]

Patient ID: [Patient's plan-specific member ID]

Policyholder: [Policyholder's name]

Group number: [Policyholder's group number]

Re: Coverage for [Product name]

Dear [Pharmacy director or payer contact name],

I am writing on behalf of my patient, [Patient's name], to request coverage for [Product name]. I have enclosed the relevant patient information to document the medical necessity to support my request.

Patient Summary

[Patient's name] is [age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM code] on [Date]. [Patient name] has been under my care since [Date].

[Provide details of the patient's clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors that have led you to recommend use of the product.]

Rationale for Treatment

[Include relevant medical information to support the product as the appropriate treatment option. Insert your professional opinion of the patient's prognosis if they do not receive this treatment.]

In my medical judgment, [Product name] is medically necessary to treat my patient's condition, and I ask you to please consider coverage of [Product name] on [Patient's name]'s behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to contact me at [Physician's phone number] or via email at [Physician's email]. Thank you for your time and consideration.

Sincerely,

[Physician's signature]

[Physician name] [Physician NPI] [Name of practice]

Enclosures: [List and attach additional documents, which may include Prescribing Information, clinical notes/medical records, US Food and Drug Administration approval letter, clinical studies and efficacy data, and/or clinical practice guidelines.]

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