

SAMPLE LETTER OF MEDICAL NECESSITY

Attn: [Medical Director]

[Insurance Company]

[Address]

[City, State, ZIP code]

Request: Authorization for treatment with [Drug Name]

Diagnosis: [Diagnosis and ICD-10 code]

Dosage: [Dose & Frequency]

[Date]

Dear [Insert name],

I am writing on behalf of my patient, [Patient Name], to document the medical necessity of [Drug Name], which is indicated for the treatment of [Drug's indication].

This request is supported by the following information:

Summary of Patient's History*

- [Patient's diagnosis, date of diagnosis]
- [Laboratory results and date]
- [Brief description of patient's current medical condition]
- [Patient's previous and current treatments/therapies]

Rationale for Treatment

Considering the patient's medical history, current medical condition, and the supporting uses of [Drug Name], I believe treatment with [Drug Name] at this time is warranted, appropriate, and medically necessary for this patient.

The following documentation is enclosed:

- [Drug Name] full Prescribing Information
- [Medical literature regarding the use of Drug Name for Diagnosis name; ICD-10 Code]
- [Relevant clinical documentation such as history and physical, progress notes, treatment history, and outcomes, if supportive]

Please call my office at [telephone number] if you require any additional information or documentation. I look forward to your timely response.

Sincerely,

[Insert physician name and participating provider number]

Enclosures

[NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition. This document is provided as a sample template that may be used to appeal a payer coverage decision. The physician is responsible for the content of the letter that is customized to include information concerning an individual patient.]

****Chiesi USA Inc. does not receive any information provided to the insurance company via this template.***