

Letter of Medical Necessity

Re:

Policy number:

Group number:

Subject: Intend to treat with

Dear

I am writing on behalf of my patient, _____, to request approval to treat _____ with _____ for _____. _____ is an FDA-approved _____, and will be procured _____.

This letter provides clinical history and rationale to support the use of _____ for the treatment of _____.

_____ is a _____-year-old _____ diagnosed with _____ by _____ and has been in my care since _____. My current treatment plan includes _____ has previously tried _____.

I believe treatment with _____ is medically necessary for _____ because _____.

Please promptly review the information that I have provided in order to authorize treatment with _____ and verify _____'s coverage for _____.

I can be reached at _____ or _____ if additional information is required for approval of this request.

Thank you for your immediate attention to this very important matter.

Sincerely,

Enclosures (suggested):

FDA-approval letter

Prescribing Information

Photocopy of patient benefit card

Relevant medical records