

Sample Letter of Medical Necessity for [Medication Name]

[Physician's letterhead]

[Date]

[Health plan's name]

ATTN: [Department]

[Medical director's name]

[Health plan's address]

[City, State ZIP]

[Patient's name]

[Date of birth]

[Case ID number]

[Dates of service]

Re: Letter of Medical Necessity for [Medication Name]

Dear [Medical director's name],

I am writing this letter on behalf of my patient, [patient's name], to request coverage for [Medication Name] for the treatment of [insert diagnosis] [insert appropriate ICD-10-CM code here]. I have read and acknowledged your drug coverage policy and believe that [Medication Name] is the appropriate treatment for my patient at this time. This letter provides my clinical rationale and relevant information about the patient's medical history and treatment.

Patient's diagnosis and medical history

[Patient's name] is [a/an] [age]-year-old [male/female] patient who has been diagnosed with [insert diagnosis] as of [date of diagnosis]. [He/she] has been in my care since [date].

My rationale for prescribing [Medication Name] is based on [include a brief disease course of patient, including history of disease, any symptoms, and previous treatments. Additional information may include ongoing disease activity, changes in patient assessment of condition, intolerable side effects, and the patient's inadequate or loss of response to other treatments].

Treatment plan

In my clinical opinion, [patient's name] should receive [Medication Name] for the following reasons:

[List your recommendations of why [Medication Name] is appropriate for this patient. Include history of treatment.]

History of previous therapies	Reasons for discontinuation of previous therapies	Duration of previous therapies

I have reviewed your formulary for [insert diagnosis] and [summarize why the preferred drugs on formulary are not sufficient for the patient at this time].

Summary

I believe [Medication Name] is medically necessary for my patient. I have attached relevant lab test analyses and medical records to support my decision. If you have any further questions about this matter, please contact me at [physician's phone number] or via e-mail at [physician's e-mail]. Thank you for your time and consideration.

Sincerely,

[Physician's signature]

Enclosures

[List and attach enclosures, which may include: medical records, laboratory work, [Medication Name] Prescribing Information, or other supporting documentation.]