<Date>

<Payer Name> <Payer Address>

<Payer City, State and Zip>

Re: <Patient’s Name>

<Type of Coverage>

<Group Number/Policy Number>

To Whom It May Concern:

I am writing to document the medical necessity of <Drug Name>.

The case in question involves a patient with <ICD-10 Code> < Diagnosis Name> using a treatment regimen of <Drug Name>. The enclosed documentation relates to the use of <Drug Name> for <ICD-10 Code> <Diagnosis Name>.

The following items are enclosed:

* Medical literature regarding the use of <Drug Name> for <ICD-10 Code> <Diagnosis Name>
* Relevant clinical documentation such as: history and physical, progress notes, treatment history and outcomes

In view of the above information found in the packet attached, I believe <Drug Name> is medically necessary and reasonable for this patient’s medical condition.

Sincerely,

<Provider Signature>

<Provider Name>

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