

Sample Letter of Medical Necessity

[Date]

[Contact name of medical director or other payer representative]

[Contact title]

[Name of health insurance company]

[Address]

[City, State, Zip]

Re: Letter of Medical Necessity for XERMELO® (telotristat ethyl)

Patient: [Patient name]

Group/policy number: [Number]

Date(s) of service: [Dates]

Diagnosis: [Code & description]

Dear [Contact name or department]:

I am writing on behalf of my patient, [patient name], to document the medical necessity of XERMELO® (telotristat ethyl) for the treatment of [indication]. This letter provides information about the patient's medical history and diagnosis, as well as a statement summarizing my treatment rationale.

[Patient name] has been treated for [condition] since [date]. [Provide a brief medical history emphasizing the most recent events that directly influence your decision to recommend the necessary therapy].

In conclusion, XERMELO is medically necessary for this patient's medical condition. Please do not hesitate to contact me at [physician's telephone number] if you require any further information to approve this request.

Sincerely,

[Physician name] [Degree initials]

[Provider identification number]

Enclosures: [Attach as appropriate]