[Insert Date]

[Medical Director]
[Insurance Company]
[Address]
[City, State, ZIP]
RE: Patient Name: **[Insert Patient Name]**
Policy Number: **[Insert Policy Number]**
Claim Number: **[Insert Claim Number]**
Subject: Coverage of **[Drug Name]**

Dear **[Insert Medical Director's Name]**:

I am writing to provide additional information to support my claim for the treatment of **[Patient Name]** with **[Drug Name]** for **[Disease]**. In brief, treatment of **[Patient Name]** with **[Drug Name]** is medically appropriate and necessary and should be a covered and reimbursed service.

This letter outlines **[Patient Name]**'s medical history, diagnosis, and treatment rationale.

Summary of Patient's History

[Note: Exercise your medical judgement and discretion when providing a diagnosis and characterization of the patient's medical condition. You may want to include the following information:]
• Patient's diagnosis and medical history
• Previous therapies the patient has received for their condition
• Patient's response to these therapies
• Brief description of the patient's recent presentation
• Summary of your professional opinion of the patient's likely prognosis without treatment with **[Drug Name]**

Rationale for Treatment
Given the patient's history, condition, and the supporting clinical information, I believe treatment of **[Patient Name]** with **[Drug Name]** is warranted, appropriate and medically necessary. **[Drug Name]** is indicated for **[Drug indication]**. The accompanying prescribing information provides the approved clinical information for **[Drug Name]**.

In summary, **[Drug Name]** is medically necessary and reasonable for **[Patient Name]**'s medical condition. Please contact me if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,
[Treatment Provider's Signature]

[Treatment Provider's Name Printed]
[Treatment Provider's Phone Number]

Enclosures:
[Drug Name] prescribing information
Statement of Medical Necessity form
Other supporting documentation