

SAMPLE LETTER OF MEDICAL NECESSITY

TELEPHONE: 1-844-496-8707

FAX: 1-877-548-1734

HOURS: 8:00 AM TO 8:00 PM ET, M-F

PFIZER DERMATOLOGY
patient access™

[Physician Letterhead]

Attn: [Medical Director]
[Insurance Company]
[Address]
[City, State, ZIP code]

RE: [Patient Name]
[Date of Birth]
[Policy Number]
[Claim Number]

Request: Authorization for treatment with [Drug Name]

Diagnosis: [Diagnosis and ICD-10 code]

Dosage: [Dose & Frequency]

[Date]

Dear [Insert name],

I am writing on behalf of my patient, [Patient Name], to document the medical necessity of [Drug Name], which is indicated for the treatment of [Drug's indication].

This request is supported by the following information:

Summary of Patient's History

- [Patient's diagnosis, date of diagnosis]
- [Laboratory results and date]
- [Brief description of patient's current medical condition]
- [Patient's previous and current treatments/therapies]
- [Patient's response to those treatments/therapies]
- [If the patient has discontinued, include information on lack of response or tolerability]

Rationale for Treatment

Considering the patient's medical history, current medical condition, and the supporting uses of [Drug Name], I believe treatment with [Drug Name] at this time is warranted, appropriate, and medically necessary for this patient.

The following documentation is enclosed:

- [Drug Name] full Prescribing Information
- [Medical literature regarding the use of Drug Name for Diagnosis name; ICD-10 Code]
- [Relevant clinical documentation such as history and physical, progress notes, treatment history, and outcomes, if supportive]

Please call my office at [telephone number] if you require any additional information or documentation. I look forward to your timely response.

Sincerely,

[Insert physician name and participating provider number]

Enclosures

[NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]

The information contained in this template letter is provided by Pfizer for informational purposes for patients who have been prescribed a Pfizer medicine. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this template letter is not meant to substitute for a prescriber's independent medical decision-making.

