

SAMPLE LETTER OF MEDICAL NECESSITY

Payers may require prior authorization or supporting documentation in order to process and cover a claim for the requested therapy. A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific letter of medical necessity will help to explain the physician's rationale and clinical decision making in choosing a therapy. Please see page 2 for a sample letter of medical necessity with fillable fields that can be customized based on your patient's medical history and demographic information and then printed. The physician is solely responsible for the information provided in these fields. *Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.*

Re: Letter of Medical Necessity for ANJESO™(meloxicam) injection,

Patient:

Group/Policy Number:

Date(s) of service:

Diagnosis:

Dear _____,

I am writing on behalf of my patient, _____, to _____ for treatment with ANJESO™ (meloxicam) injection. ANJESO™(meloxicam) injection is indicated in adults for the treatment of moderate to severe pain. This letter serves to document that _____ has a diagnosis of _____ and needs treatment with ANJESO™(meloxicam) injection, and that ANJESO™(meloxicam) injection is medically necessary for _____ as prescribed. On behalf of the patient, I am requesting approval for use and subsequent payment for treatment.

Patient Medical History and Diagnosis

_____ is a _____-year-old _____ diagnosed with _____. my patient _____ has been in my care since _____. As a result of _____, _____ and _____. Additionally, _____ has tried _____ and _____. The attached medical records document _____'s clinical condition and medical necessity for treatment with ANJESO™(meloxicam) injection.

Based on the above facts, I am confident that you will agree that ANJESO™(meloxicam) injection is indicated and medically necessary for this patient. The plan of treatment is to start the patient on ANJESO™(meloxicam) injection.

Please consider coverage of ANJESO™(meloxicam) injection on _____'s behalf, and approve use and subsequent payment of ANJESO™(meloxicam) injection as planned.

Please refer to the enclosed Prescribing Information for ANJESO™(meloxicam) injection. If you have any questions regarding this matter, please do not hesitate to call me at _____. Thank you for your prompt attention.

Sincerely,

Enclosures:
Prescribing Information (PI)