

# Sample Letter of Medical Necessity

[Date]

[Payer name]

[Payer street address]

[Payer city, state, and zip code]

Patient name: [Patient full name]

Patient date of birth: [Patient birth date]

Member ID: [Patient member ID number]

Policy or group number: [Patient policy or group number]

Case ID number: [Case ID number (if applicable)]

## To Whom It May Concern,

I am writing on behalf of my patient, [patient name], to provide information supporting medical necessity for Verkazia (cyclosporine ophthalmic emulsion) 0.1% treatment. In this letter, I am providing my patient's medical history, diagnosis, and a summary of the treatment plan. I have also included a brief description of the patient's previous treatments and a clinically driven treatment rationale that supports the medical necessity for treatment with Verkazia.

## Patient's clinical/medical history

- [Patient's diagnosis (ICD-10-CM code), date of diagnosis]
- [Patient's first visit and date of referral]
- [Severity of the patient's condition]
- [Previous treatment(s) including drug name(s), duration of treatment(s), treatment response(s), reason(s) for discontinuation]
  - Artificial Tears: \_\_\_\_\_
  - Antihistamines: \_\_\_\_\_
  - Mast Cell Stabilizers: \_\_\_\_\_
  - Topical Steroids: \_\_\_\_\_
  - Other \_\_\_\_\_
- [Patient's disease progression]
- [Additional factors affecting treatment selection]

## Treatment Plan

The FDA approved Verkazia for the treatment of vernal keratoconjunctivitis in children and adults on June 24, 2021.

- [Include plan of treatment (eg, dosage, duration of treatment)]
- [Provide a clinical rationale for the prescription of Verkazia ]

## Summary

Based on the provided explanation, I believe that Verkazia is medically necessary for [patient name]. Please find enclosed additional documents, including [list any attachments such as test

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results, relevant peer-reviewed literature, and clinical practice guidelines], that support my clinical decision. Please contact my office at [phone number] if any additional information is needed.

Sincerely,

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[Physician name]  
[Physician address]  
[Physician phone]

**Enclosures:** [List enclosures such as: Prescribing Information, clinical notes/medical records, test results, relevant peer-reviewed articles, clinical practice guidelines, scans showing disease activity and progression].

DRAFT