

Sample letter of medical necessity

NOTE: You can use this sample letter of medical necessity to provide the reasons that, in your clinical judgment, this product is necessary for your patient. The letter should explain why the product is being requested and give health plans additional information they can use to assess whether the medication is approvable. This letter offers no guarantees. This sample letter is provided for your guidance and may be adapted as you see fit, please be sure to use your own letterhead.

[Date]

[Health Plan Contact Name]

[Title]

[Health Plan Organization Name]

[Address]

[City, State ZIP]

Re: [Patient Name], Insurance Policy ID Number: [Policy ID Number], Group Number: [Group Number], Claim Number: [Claim Number]

Dear [Health Plan Contact Name],

I am writing on behalf of my patient, [Patient full name], to document the medical necessity of [product]. Included below is additional information about the patient's medical history and diagnosis, as well as a statement summarizing my treatment rationale.

[Include a detailed overview of the patient's condition and specific diagnosis. Include the patient's history related to the condition and the length of time you think the patient will need to take the medication.]

In summary, [product] is medically necessary for this patient's medical condition, and [health plan name] should cover this product for my patient without delay. Please contact me at [phone number] if additional information is required to ensure prompt approval of this course of treatment.

Sincerely,

[Physician's name, degree(s), and signature]

Enclosures: [Attach any additional documentation, as appropriate]

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