

# Sample Format Letter of Medical Necessity

[Insert physician letterhead]

[Medical Director]  
[Insurance Company]  
[Address]  
[City, State, ZIP]

RE: Patient Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Claim Number \_\_\_\_\_

Dear:

I am writing to provide additional information to support my claim for the treatment of **[insert patient name]** with SIMPONI<sup>®</sup> ARIA<sup>™</sup> (golimumab) for infusion for **[insert diagnosis]**. In brief, treatment of **[insert patient name]** with SIMPONI<sup>®</sup> ARIA<sup>™</sup> is medically appropriate and necessary and should be a covered and reimbursed service. Below, this letter outlines **[insert patient name]**'s medical history, prognoses, and treatment rationale.

**Summary of Patient's History [You may want to include]:**

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

- Patient's diagnosis, condition, and history
- Previous therapies the patient has undergone for the symptoms associated with their condition
- Patient's response to these therapies
- Brief description of the patient's recent symptoms and conditions
- Summary of your professional opinion of the patient's likely prognoses without treatment with SIMPONI<sup>®</sup> ARIA<sup>™</sup>

**Rationale for Treatment**

Given the patient's history, condition, and the published data supporting use of SIMPONI<sup>®</sup> ARIA<sup>™</sup>, I believe treatment of **[insert patient name]** with SIMPONI<sup>®</sup> ARIA<sup>™</sup> is warranted, appropriate and medically necessary. The accompanying package insert provides the approved clinical information for SIMPONI<sup>®</sup> ARIA<sup>™</sup>.

Please call my office at **[insert telephone number]** if I can provide you with any additional information. I look forward to receiving your timely response and approval of this claim.

**Please read the Prescribing Information, including Boxed WARNINGS and Medication Guide, for SIMPONI<sup>®</sup> ARIA<sup>™</sup> available at [www.janssenaccessone.com](http://www.janssenaccessone.com).**

Sincerely,

**[Insert Doctor Name and  
Participating provider number]**

Enclosures