

## Sample Format Letter of Medical Necessity

[Insert physician letterhead]

[Name] RE: Member Name \_\_\_\_\_  
[Insurance Company/Payer Name] Member Number \_\_\_\_\_  
[Address] Group Number \_\_\_\_\_  
[City, State ZIP]

Dear [insert name]:

I am writing to provide additional information to support my claim for the treatment of [insert patient name] with OLYSIO<sup>®</sup> (simeprevir) 150-mg capsules for [insert diagnosis]. In brief, treatment of [insert patient name] with OLYSIO<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, prognosis, and treatment rationale.

My request is supported by the following:

### Summary of Patient History:

**[NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition. You may want to include:]**

- Patient's history, diagnosis, presence/absence of cirrhosis, and current condition
- Previous therapies the patient has undergone associated with their condition
- Patient's response to these therapies
- Brief description of the patient's recent symptoms and conditions
- Rationale for treatment with OLYSIO<sup>®</sup> based on your professional opinion

### Rationale for Treatment

Given the patient's history, condition, and the published data supporting use of OLYSIO<sup>®</sup>, I believe treatment of [insert patient name] with OLYSIO<sup>®</sup> is warranted, appropriate, and medically necessary. The accompanying full Prescribing Information, including Patient Information, provides the approved clinical information for OLYSIO<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.

Sincerely,

**[Insert Doctor name and participating provider number]**

Enclosures