

ON OFFICE LETTERHEAD INCLUDING PROVIDER NAME AND ADDRESS

SAMPLE LETTER OF MEDICAL NECESSITY

[Date]

[Plan]

[Department, i.e., Prior Authorization or Appeals]

[Fax Number]

[Patient Name]

[ID Number]

[Date of Birth]

[Appeal ID Number, if applicable]

To Whom It May Concern:

I am writing on behalf of my patient, [patient name], to document the medical necessity of [GLASSIA® [Alpha₁-Proteinase Inhibitor (Human)] or ARALAST® NP [Alpha₁-Proteinase Inhibitor (Human)]] and to request a non-formulary exception. This letter provides information about my patient's medical history and diagnosis and a summary of my treatment rationale.

[Relevant patient considerations to potentially include: diagnosis and relevant diagnosis code, year of diagnosis, importance of continuity of care, phenotype, serum level, FEV1 results, and any diagnosis associated with alpha₁-antitrypsin deficiency such as emphysema, COPD, asthma, SOB, respiratory failure, importance of available infusion settings, etc.]

In summary, it is my expert medical opinion that [GLASSIA/ARALAST NP] is the appropriate therapy for my patient's continuity of care. Please contact me if any additional information is required. I look forward to your response.

Sincerely,

[Physician's Name]

[NPI Number]