

**SAMPLE LETTER TEMPLATE OF MEDICAL NECESSITY - Medical Benefit**

**To Prescriber: Please refer to the important safety information in the full Prescribing Information when determining whether therapy is medically appropriate for the individual patient.**

[Date]

[Contact Name]

[Insurance Company]

[Insurance Company Address]

[City, State ZIP Code]

[Fax Number]

**ATTN: Prior Authorizations/Appeals**

Re: Coverage of [Astellas Product Name/generic name/dosage form]  
[Patient First Name] [Patient Last Name]  
[Policy Number]  
[Group Number]  
[Patient Date of Birth]  
Diagnosis: [ICD-10-CM Code] [Diagnosis]

To whom it may concern:

I am submitting this letter to document the medical necessity of [Astellas Product Name] for [Patient Name]. [Astellas Product Name] is indicated for the treatment of [insert FDA-approved indication]. [Patient Name] has been diagnosed with [ICD-10-CM Code] [Diagnosis] [insert any additional criteria necessary for on-label treatment] and has been receiving treatment for this diagnosis.

**[Describe the patient's history, including diagnostic test results, previous and current treatment regimens, and their outcomes]**

Based on the information provided above, I have determined that treatment with [Astellas Product Name] is medically necessary and reasonable for [Patient Name]. Enclosed are copies of [Patient Name]'s medical records documenting related symptoms and medical necessity, as well as the full Prescribing Information for [Astellas Product Name]. Please approve coverage for [Astellas Product Name] for [Patient Name] as recommended. Thank you for your prompt attention to this matter. If I can provide any additional information, please contact me.

Regards,

[Physician Name]

[NPI Number]

[Phone Number]

[Fax Number]

[Suggested enclosures: Full Prescribing Information, medical literature regarding the use of [Product Name] for [ICD-10-CM Code] [Diagnosis], relevant clinical documentation (eg, history and physical, progress notes describing treatment history and outcomes), other relevant supporting documents]