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LETTER OF MEDICAL NECESSITY TEMPLATE

If a patient's insurer requires prior authorization or if you receive a claim denial, please feel free to use this template for a Letter of Medical Necessity to the insurer. On your office letterhead, include the suggested items of information listed below to communicate why you believe LILETTA® is in the best medical interest of the patient. The completeness of your Letter of Medical Necessity will be critical for consideration of the prior authorization/appeal.

A Letter of Medical Necessity typically includes:

- Patient Name
- Member ID
- Initial date of diagnosis
- Prior treatments given
- For prior treatment given, list all drugs, dosages, schedules, clinical response and reason for discontinuation
- Specific reason why LILETTA is in the best medical interest of the patient

If you have any questions, please contact the LILETTA team at 1-855-LILETTA (855.545.3882), Option 3. Representatives are available Monday through Friday from 8:00 am to 5:00 pm CT (excluding public holidays).