



LILETTA ACCESSCONNECTSM
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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 call LILETTA AccessConnectSM at 855-LILETTA (855.545.3882), Option 3. Representatives are available Monday through Friday from 9:00 AM to 6:00 PM ET (except holidays) to assist you.

Note: The information provided in connection with a LILETTA AccessConnectSM Benefits Investigation is for informational purposes only and should not replace a review of benefits by the physician to determine coverage and reimbursement. Coverage, coding, and reimbursement will vary by payer, plan, patient, professional setting, and services rendered, and are all subject to change without notice. Actual coverage and reimbursement decisions are made by individual payers following receipt of claims.

Privacy Notice: For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, if you are a patient visit <https://abbvie.com/PrivacyPatient>, if you are a prescriber visit <https://abbvie.com/PrivacyHCP>. **If you are a prescriber, please share this information with your patient.**

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