

### Sample letter of medical necessity

You can use the sample letter of medical necessity on the next page as a starting point to provide reasons that the prescribed medication is necessary for your patient. The letter that you write should explain why you have prescribed the medication and give health plans additional information they can use to assess whether the medication is approvable.

Some health plans require a letter of medical necessity along with supporting documentation\*, such as:

- Patient's medical records
- Peer-reviewed literature
- Supporting clinical studies
- Prescribing Information
- Clinic notes and laboratory results

\*To avoid any delays in reimbursement, it is recommended to provide as much documentation as possible.

It is important to note that supplying the above information does not guarantee the health plan will provide reimbursement for the prescribed medication. The sample letter is provided for your guidance only; it is not intended to influence or substitute for your independent medical judgment.

For any questions or concerns, or to report side effects with a Sanofi Genzyme product for patients enrolled in the CareASSIST Patient Support Program, please contact CareASSIST at 1-833-930-2273, Monday-Friday, 9 AM-8 PM Eastern Time.

Sanofi Genzyme is committed to protecting the confidentiality of individuals' personal healthcare information. This letter may contain personal healthcare information and should only be viewed by the individual to whom it is addressed. Please contact CareASSIST at 1-833-930-2273 if you believe you have received this letter in error.

## Sample letter of medical necessity

[Use physician's letterhead]

[Date]

[Health Plan Contact Name]

[Title]

[Health Plan Organization Name]

[Address]

[City, State, ZIP]

Re: [Patient Name], Insurance Policy ID Number: [Policy ID Number], Group Number: [Group Number]

Dear [Health Plan Contact Name],

I am writing on behalf of my patient, [Patient full name], to document the medical necessity of [PRODUCT]. Included below is additional information about the patient's medical history and diagnosis, as well as a statement summarizing my treatment rationale.

[Include a detailed overview of the patient's condition and specific diagnosis. Include the patient's history related to the condition and the length of time you think the patient will need to take the medication.]

In summary, [PRODUCT] is medically necessary for this patient's medical condition, and [health plan name] should cover this product for my patient without delay. Please contact me at [phone number] if additional information is required to ensure prompt approval of this course of treatment.

Sincerely,

[Physician's name, degree(s), and signature]

Enclosures: [Attach any additional documentation, as appropriate]