

# Sample Letter of Medical Necessity



Re:

To whom it may concern:

I am writing to provide additional information to support my claim for \_\_\_\_\_'s treatment of \_\_\_\_\_ with Taltz (ixekizumab). In brief, treatment with Taltz \_\_\_\_\_ is medically appropriate and necessary for this patient. This letter includes the patient's medical history, previous treatments, disease severity, and a recent photo(s) of the impacted area(s) \_\_\_\_\_ that support my recommendation for treatment with Taltz.

**Patient's history, diagnosis, condition, and symptoms\*:**

**Please detail all past treatments.**

Past treatment(s) <sup>†</sup>	Start/stop dates	Reason(s) for discontinuing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Infection name and affected part(s) of body	Treatment type(s)	Treatment start/stop dates	Anticipated resolution date>
_____	_____	_____	_____
_____	_____	_____	_____

Please feel free to contact me, \_\_\_\_\_, at \_\_\_\_\_ for any additional information you may require. I look forward to receiving your timely response and approval of this claim.

Sincerely,

\_\_\_\_\_

**Encl: Medical records, clinical trial information, photo(s)**

\*Include patient's medical records and supporting documentation, including clinical evaluation, scoring forms, and photos of affected areas as applicable.  
†Identify drug name, strength, dosage form, and therapeutic outcome.

