

Sample Coverage Authorization Request Letter



Re:

To whom it may concern:

This letter serves as a coverage authorization request for Taltz (ixekizumab) for the treatment of .

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

Please detail all past treatments:

Past treatment(s) [†]	Start/stop dates	Reason(s) for discontinuing
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<Please provide information that indicates the patient does not have active tuberculosis or other serious infections (required by some health plans). If the patient does have serious infections, please include that information as follows:

Infection name and affected part(s) of body	Treatment type(s)	Treatment start/stop dates	Anticipated resolution date>
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Provide supporting references for your recommendation:

Physician contact information:

The ordering physician is . The coverage authorization decision may be faxed to or mailed to . Please send a copy of the coverage determination decision to .

Sincerely,

Encl: Medical records, supporting documentation, photo(s), and clinical trial information

*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.

ICD, International Classification of Diseases.

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