Sample Letter of Medical Necessity

This sample letter is for reference only. As the prescriber, it is your responsibility to complete the letter based on your independent medical judgment. You may modify the language in this template or create your own letter. Use of this template does not guarantee coverage, and payers may have their own forms to be completed to document medical necessity.

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**Please** [**click**](https://www.aptiom.com/Aptiom-Prescribing-Information.pdf) **to see full Prescribing Information for Aptiom® (eslicarbazepine acetate).**

**Please remove all the content above this line before saving your letter.**

[Date]

[Plan name]

[Street address]

[City, state, zip code]

 **Re:** [Patient full name]

 [Patient date of birth]

 [Plan member ID and group number]
 [If appropriate: PA denial reference # and date]

Dear [Contact Name]:

I am writing on behalf of my patient, **[Patient full name]**, to document the medical necessity of **Aptiom® (eslicarbazepine acetate)** for the treatment of **[insert diagnosis, ICD-10 code]**. I have included information about the patient’s medical history and my rationale for treatment with **APTIOM** **[insert** **dose]**.

 **[Patient full name]** has been under my care since **[insert date]**.

**Medical History**

* [Diagnostic tests performed]
* [Special needs, such as for administration]
* [Current condition, symptoms, and severity]
* [Comorbidities]
* [Treatment history]
* [Response to current and/or past medications]

**Treatment Rationale**

I have concluded that **APTIOM** is the most appropriate therapeutic option for the following reasons:

* [Provide your clinical rationale]
* [Consider providing relevant medical records and the Prescribing Information for **APTIOM**, if appropriate]
* [If applicable, explain why other formulary agents are not appropriate]

Based on my patient’s medical history and a review of the supporting documentation, I am confident you will agree that **APTIOM** is the appropriate choice.

Please call me at **[insert phone number]** for any additional information you require. Thank you in advance for your prompt consideration and timely approval.

Sincerely,

[Physician signature and name]

[Specialty], [NPI]

[Phone/Fax]