

Sample letter of medical necessity

[Patient Name]

Patient Name

[Date]

Date

[Group Number]

Group Number

[Policy Number]

Policy Number

[Patient DOB]

Patient DOB

[Diagnosis.ICD.10 Code]

Diagnosis/ICD.10 Code

To whom it may concern:

I am writing on behalf of my patient, listed above, to provide information to support my request to treat with LUPKYNIS® (voclosporin), which is indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN).

Treating my patient with LUPKYNIS is appropriate and medically necessary and should be covered for use. My patient's medical history, prognosis, and treatment rationale are described below.

As seen in the article by Anders HJ, et al, every LN flare contributes to ongoing organ damage, including irreversible and progressive kidney damage.¹

Given the patient's history and current clinical status, the patient meets the approved indication for LUPKYNIS, and I believe treatment of my patient with LUPKYNIS is warranted, appropriate, and medically necessary. I have attached the most recent chart notes and other documents (listed below) to support my rationale for your review. **An urgent and prompt review of this request would be appreciated.**

[Considerations and Documents]

Considerations and Documents

Please call my office at the number listed below if I can provide you with additional information. I look forward to your prompt response and approval of this claim.

Regards,

[Prescriber Signature]

Prescriber's Signature

[NPI #]

NPI #

[Prescriber Name]

Prescriber's Name

[Phone Number]

Phone Number

US-LUP-2200203