# Sample Letter of Medical Necessity

The intent of this document is to provide you with a sample of information often required when submitting a letter of medical necessity. It is not a guarantee of coverage for your patient. The bracketed content is meant to provide guidance and should be substituted with the appropriate clinical information specific to your patient and their unique circumstance prior to submitting to the insurer. The contents of your letter must be based on your medical judgment and align with the patient’s medical records.

[Physician Letterhead]

[Insert Date]

[Payer Name]

[Street Address]

[City, State and ZIP Code]

[Fax#]

RE: Documentation to Support Medical Necessity for IBSRELA® (tenapanor) 50 mg tablets

Subscriber ID: [Subscriber/Member ID]

Patient Name: [Patient Name]

Patient DOB: [Patient DOB]

Physician TIN: [Physician TIN]

Physician NPI: [Physician NPI]

NDC: 73154-0050-60

To Whom It May Concern,

I am writing to you on behalf of my patient, [Patient Name], requesting reconsideration of approval for IBSRELA® (tenapanor) 50 mg tablets. Your decision to deny coverage was based on [list denial reasons]. Please find below the patient’s relevant medical history, including diagnosis code, and prior medications which support the need for IBSRELA.

IBSRELA is indicated for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults. You will find provided below are clinical notes for Patient Name. Reconsider IBSRELA as its medically necessary and the appropriate medication option for my patient.

Patient’s Medical History & Labs:

[Patient Name] has been diagnosed with IBS-C K58.1 [insert additional diagnosis codes if applicable].

Medications tried & failed:

[Patient Name] has previously been prescribed [insert prior medications] and failed due to [insert reasons].

Based on my patient’s medical history and prior medication(s) options [ he/she] tried and failed, reconsider reversing the previous decision to deny IBSRELA. If you require additional information or have questions, please do not hesitate to contact me at [Contact Phone Number] or [Contact E-mail Address].

Sincerely,

[Signature of Physician]

[Name and Credentials]

[Enclosures]