

Sample Letter of Medical Necessity Outline

Use of this document does not guarantee coverage of the medication for your patient. Rather, this document is intended to provide you with examples of the type of information that is typically required when providing a letter of medical necessity.

The contents of your letter must be based on your medical judgment and align with the patient's medical records. Text shown in bold below is intended for guidance only, and should be replaced with appropriate patient-specific information before sending your customized letter to your patient's insurance provider.

Date
Name of insurance company
Insurance street address
City, State, ZIP code

RE: Authorization for Bevyxxa® (betrixaban) oral capsules for **Patient Name**
Member ID: **Patient ID number**
Date of Birth: **Patient date of birth**
Group Number: **Patient group number**

Dear **insurance contact name**:

I am writing this letter of medical necessity on behalf of **Patient Name** to document the clinical rationale for Bevyxxa® (betrixaban) and to provide information about the patient's medical history and treatment. The prescription for **Patient Name** is medically appropriate and necessary and should be a covered and reimbursed drug.

Bevyxxa is the only oral intervention approved by the FDA for the prophylaxis of venous thromboembolism (VTE) in adult patients hospitalized for an acute medical illness who are at risk for thromboembolic complications due to moderate or severe restricted mobility and other risk factors for VTE.

Patient Name is **a/an age**-year-old **male/female** who has been admitted to a hospital for treatment of **disease** since **date** and will require a venous thromboembolism (VTE) prophylaxis agent after discharge.

Provide a brief medical history emphasizing the most recent events that directly influence your decision to recommend the necessary intervention.

Summary (your professional opinion) about the likely outcome of failure to initiate or continue VTE prophylaxis with Bevyxxa (betrixaban).

I have also enclosed materials (listed below) supporting the use of Bevyxxa for VTE prophylaxis for **Patient Name**.

Given **Patient Name's** history, condition, and the published data supporting use of Bevyxxa, I believe this prophylactic intervention is warranted, appropriate, and medically necessary.

If you have any questions regarding the medical necessity of Bevyxxa for my patient, please do not hesitate to contact my office at **insert telephone number**. I look forward to receiving your timely response and approval of this intervention for my patient.

Sincerely,

Treating Provider Name

Enclosure List:

- Patient medical records
- Prescribing information for Bevyxxa® (betrixaban)