

Sample Letter of Medical Necessity

[PRACTICE LETTERHEAD]

[Date]

[Dr/Mr/Ms] [Medical Director Name]
[Name of Health Insurance Company]
[Insurer Address]
[City], [State] [Zip Code]

Re:

[Patient Name]
Patient Policy Number: []
Group Number: []
Date of Birth: [MM/DD/YYYY]
Date(s) of Service: []

Dear [Dr/Mr/Ms] [Contact Name]:

I am submitting this letter on behalf of [**Patient Name**] to document the medical necessity of ZYNRELEF® (bupivacaine and meloxicam) extended-release solution, indicated in adults for soft tissue or periarticular instillation to produce postsurgical analgesia for up to 72 hours after foot and ankle, small-to-medium open abdominal, and lower extremity total joint arthroplasty surgical procedures. Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large multilevel spinal, and head and neck procedures.

In brief, using ZYNRELEF during [**Patient Name**]'s [**Surgical Procedure**] is medically appropriate and necessary, and it should be a covered treatment. This letter outlines [**Patient Name**]'s medical history and treatment rationale.

Summary of patient's history:

[Note: Consider including the information below. Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]

- [Patient's diagnosis, condition, and history]
- [Patient's current treatment plan and date of surgical procedure]
- [Postsurgical pain level associated with this procedure]

Given the patient's surgical treatment plan, the use of ZYNRELEF is warranted, appropriate, and medically necessary. Please approve coverage for [**Patient Name**] as recommended.

Please refer to the enclosed Prescribing Information, including Boxed Warning, which provides the approved clinical information for ZYNRELEF.

Please call my office at [**Telephone Number**] if additional information is required. I look forward to receiving your timely response.

Sincerely,

[Physician Name]

[NPI Number]

[Phone Number]

[Fax Number]

Enclosure

Please see full Prescribing Information, including **Boxed Warning.**