

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 instillation to produce postsurgical analgesia for up to 72 hours after soft tissue and orthopedic procedures including foot and ankle, and other procedures in which direct exposure to articular cartilage is avoided. Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large 4 or more level 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.