

SAMPLE:

**This letter is only intended as a TEMPLATE Letter of Medical Necessity
INSTRUCTIONS: MUST BE ON HCP'S LETTERHEAD AND MUST BE
COMPLETED AND SUBMITTED BY THE HCP.**

[OFFICE LETTERHEAD INCLUDING PROVIDER NAME AND ADDRESS]

Statement of Medical Necessity

[Date]

[Name of Health Insurance Company]

[PO Box or Street Address]

[City] [State] [Zip Code]

Re: [Patient name] Policy Number: [] Group Number: []

To Whom It May Concern:

[Patient name] is currently under my care for [insert diagnosis]. The diagnosis was made on [Date], after the following testing was completed: [List sequence of medical testing that led to diagnosis].

To date, the patient has been treated for the above mentioned condition with the following: [for **metastatic triple-negative breast cancer**: list at least two or more prior systemic therapies, at least one of them for metastatic disease; for **metastatic urothelial cancer**: list a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and corresponding dates].

In my professional opinion, [Product Name] is medically necessary for [Patient name] and is an appropriate therapy at this time due to [Patient's Name]'s failures on at least two prior therapies listed above.

Enclosed you will find applicable information about the patient, including [Prescribing Information, list pathology reports, other findings, and chart notes].

Please see full [Prescribing Information](#), including BOXED WARNING, also available from <https://www.gilead.com/science-and-medicine/medicines>

Please feel free to contact me at [insert phone number] if you require additional information.

Sincerely,

[Treating healthcare provider's Signature]

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