

# Sample Letter of Medical Necessity

Re:

To whom it may concern:

My name is \_\_\_\_\_ and I am a \_\_\_\_\_ writing on behalf of \_\_\_\_\_  
my patient, \_\_\_\_\_, to request coverage for \_\_\_\_\_ to treat \_\_\_\_\_  
\_\_\_\_\_ has been under my care for \_\_\_\_\_  
for the treatment of \_\_\_\_\_.

I am writing this letter for medical necessity because after working with \_\_\_\_\_, I believe that \_\_\_\_\_ is the best treatment option for this patient.

**Please detail all past treatments.**

Past treatment(s)*	Start/stop dates	Reason(s) for discontinuing
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Please contact me at \_\_\_\_\_ for \_\_\_\_\_ to answer any pending questions. I would be pleased to speak to the medical necessity of \_\_\_\_\_ 's \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

Encl: Medical records  
Clinical trial information

\*Identify drug name, strength, dosage form, and therapeutic outcome.  
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