

## Sample Letter of Medical Necessity for Feraheme® (ferumoxytol injection), for intravenous use

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### [Physician or Practice Letterhead]

[Date]

ATTN: [Medical Director  
Name]

[Insurance Company]

[Address]

[City, State ZIP]

RE: [Patient Name] \_\_\_\_\_  
[Date of Birth] \_\_\_\_\_  
[Policy Number] \_\_\_\_\_  
[Claim Number] \_\_\_\_\_

Request: Authorization for treatment with [Drug Name]

Diagnosis: [Diagnosis and ICD-10 code]

Dosage: [Dose & Frequency]

Dear [Medical Director Name],

I am writing on behalf of my patient, [Patient Name], to document the medical necessity of [Drug Name], which is indicated for the treatment of [condition], [ICD code(s)].

This request is supported by the following information:

- **Summary of Patient's History** [Patient's clinical/medical history]
- [Patient's diagnosis, date of diagnosis]
- [Brief description of patient's current medical condition]
- [Laboratory results and date, if required]
- [Patient's previous and current treatments/therapies]
- [Patient's response to those treatments/therapies]
- [If the patient has discontinued, include information on lack of response or tolerability]

**[Include any additional considerations here:]**

- [Acute and chronic complications associated with the patient's iron deficient anemia]
- [Treatment plan: expected duration of treatment or number of infusions requesting medical exception for]

**Rationale for Treatment**

Considering the patient's medical history, current medical condition, and the supporting uses of [Drug Name], I believe treatment with [Drug Name] at this time is warranted, appropriate, and medically necessary for this patient.

The following documentation is enclosed:

- [Drug Name] Full Prescribing Information
- [Medical literature regarding the use of Drug Name for Diagnosis name; ICD-10 Code]
- [Relevant clinical documentation such as history and physical, progress notes, treatment history, and outcomes, if supportive]

I am requesting an immediate and expedited review of this request by a board certified and specialty matched physician who can render a decision based upon the standards of care outline above. If you have any questions, please contact me at [Physician Phone Number] for a peer-to-peer discussion. I would be pleased to speak to you in more detail about why a [Drug Name] formulary exception is necessary for [Patient Name]'s treatment of [diagnosis].

Sincerely,

[Insert physician name and participating provider number]

[Physician Signature]

[Physician/Office Phone Number]

Enclosures [NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]