

To Prescriber: This example letter is provided as a courtesy and not intended to be directive. Physicians should exercise medical judgement and discretion to appropriately diagnose and characterize the individual patient's medical condition. In addition, HCP's are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement. A patient-specific letter of medical necessity may help to explain the physician's rationale and clinical decision making in choosing a therapy. Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity. Please refer to the full Prescribing Information when determining whether therapy is medically appropriate for the individual patient.

Sample prior authorization/ letter of medical necessity

[To be completed by physician and printed on letterhead]

[Date]

[Insurer name]

[Attn: Medical Director/Prior Authorization and Appeals]

[Address]

[City, State, Zip]

Re: [Patient Name]

[Patient Date of Birth]

[Policy Number]

[Group Number]

Dear _____,

I am writing to request prior authorization for coverage of HYFTOR (sirolimus topical gel) 0.2% for my patient _____.

This letter provides information about the patient's medical history and diagnosis, as well as my rationale for a HYFTOR prescription for this patient. The history and clinical course for _____ are as follows;

Based on the above facts, it is my medical opinion that HYFTOR is medically necessary for _____. Please feel free to contact me if you require additional information. You can reach me at: _____.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Physician's Name]

[NPI Number]

Enclosures:

To Prescriber: Please refer to the full Prescribing Information when determining whether therapy is medically appropriate for the individual patient.

[List enclosures, which may include full Prescribing Information, clinical notes/medical records, and diagnostic test results]

This document is provided as a sample template to be customized for an individual patient and may be used to appeal of a payer coverage decision. The physician is responsible for the content of this letter.

The information contained in this template letter is provided for informational purposes only and is not meant to be a substitute for a prescriber's independent medical decision making. There is no requirement that any patient or healthcare provider use any Nobelpharma product in exchange for this information.