

SAMPLE

This letter is only intended as a TEMPLATE Letter of Medical Necessity/Medical Exception request for LIVDELZI® (seladelpar) and may be used or referred to at the discretion of the healthcare provider.

INSTRUCTIONS: MUST BE ON HEALTHCARE PROVIDER'S LETTERHEAD AND MUST BE COMPLETED AND SUBMITTED BY THE HEALTHCARE PROVIDER WHEN USED.

[Healthcare Provider's Letter Head]

[Insert Date]

[Medical Director]

[Insurance Company Name]

[Insurance Company Address]

[City, State ZIP]

RE: [Letter of Medical Necessity or Medical Exception request for LIVDELZI® (seladelpar)]

Patient Name: [Insert Name]

Date of Birth: [Insert]

Subscriber ID Number: [insert]

Subscriber Group Number: [Insert]

Dear [Medical Director's Name/Payor Contact Name]:

I am writing on behalf of my patient, [Patient Name], to [request a medical exception/ prior authorization of/document the medical necessity for] LIVDELZI® (seladelpar) to treat my patient. This letter serves to document my patient's medical history and diagnosis and to provide evidence for my treatment rationale/recommendation.

Summary of Patient's Medical History and Diagnosis

[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10] on [Date]. [Patient Name] has been under my care since [Date].

[Provide details on the patient's medical history, current symptoms and condition, current medications (if any) for diagnosis, previously used medications and contraindications, any relevant laboratory test results, highlight the factors leading you to recommend use of the product].

Treatment Plan

The FDA has approved LIVDELZI for the treatment of [indication].

[Include clinical rationale and reasons for prescribing the product]

Summary

In summary, LIVDELZI [statement regarding whether LIVDELZI is medically necessary and reasonable to treat the patient]. Please consider coverage of LIVDELZI based on the included supporting medical documentation and medical history of my patient.

Should you have any questions or require further details, please do not hesitate to call me at [Physician Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Prescribing Physician Name and Credentials]

[Contact Details]

Enclosures: [List of any enclosure i.e.: medical notes, Prescribing Information, Medication Guide]

This sample letter is for general information purposes only and is not intended, and does not constitute, legal reimbursement, business, clinical or other advice. Use of this template or the information in this template does not guarantee reimbursement for coverage. Coverage and reimbursement may vary significantly by payer plan, patient, and other factors. The information provided is not intended to be a substitute for or to influence the independent clinical decision of the prescribing healthcare professional. Responsibility for ensuring the accuracy of information included in any communication between the healthcare provider and the payer remains solely with the healthcare provider.