Sample Letter of Medical Necessity for
GAMMAGARD LIQUID [Immune Globulin Infusion (Human)] 10% Solution

Please print on office letterhead including provider name and address

[Date]
[Health plan name]
[Department]
ATTN: [Contact title or name]
[Health plan address]
[City, State ZIP code]

[Patient's name]
[Date of birth]
[Policy number]
[Case ID number]
[Date(s) of service]

Letter of Medical Necessity for GAMMAGARD LIQUID [Immune Globulin Infusion (Human)] 10% Solution

Dear [Contact name],

I am writing on behalf of my patient, [patient's name], to request coverage for GAMMAGARD LIQUID for the treatment of [multifocal motor neuropathy (MMN)/chronic inflammatory demyelinating polyneuropathy (CIDP)/primary immunodeficiency (PI)]. Based on my clinical judgment, I believe that GAMMAGARD LIQUID is specifically medically necessary for [patient name] because [include brief statement regarding why GAMMAGARD LIQUID is an appropriate treatment for the patient]. This letter provides my clinical rationale along with relevant information about my patient's medical history and treatment.

Diagnosis and Medical History
[Patient's name] is [a/an] [age]-year-old [male/female] who has been diagnosed with [MMN/CIDP/PI] as of [date of diagnosis]. [He/She] has been in my care since [date].

My rationale for prescribing GAMMAGARD LIQUID is based on [include a brief disease course of patient, including history of disease, any symptoms, and previous treatments. Include clinical assessment of patient and side effects and/or response to other treatments].

Treatment Plan
In my clinical opinion, [patient's name] should receive GAMMAGARD LIQUID for the following reasons:

[List your recommendations for why GAMMAGARD LIQUID is appropriate for this patient based on diagnosis and medical history. Include documentation of past treatments.]

History of previous therapies	Reason(s) for discontinuation of previous therapies	Duration of previous therapies

I believe treatment with GAMMAGARD LIQUID is the appropriate treatment choice given the history and medical needs of [patient's name]. I have attached relevant [lab test analyses/medical records/clinical studies] to support my decision. Please feel free to contact me at [office phone number] or via email at [physician's email] for any additional information you may require. Thank you for your time and consideration.

Sincerely,
[Physician's signature]
[Physician's name]

Enclosures

[List enclosures, which may include:

- Medical records
- Laboratory work
- GAMMAGARD LIQUID Prescribing Information
- Other supporting documentation]