

SAMPLE LETTER OF MEDICAL NECESSITY APPEAL

**cocaine
hydrochloride nasal
solution, 4% (CII)**

If your patient's health plan restricts coverage of cocaine hydrochloride nasal solution, 4% (CII), you may need to write a Letter of Medical Necessity Appeal. Please find below a checklist and sample Letter of Medical Necessity Appeal that can help support the development of your own letter.

Things to keep in mind when writing a Letter of Medical Necessity Appeal:

- Know and meet all payer-specific exception processes, forms, criteria, and deadlines
- Understand which treatments are preferred by your patient's health plan

Checklist

Patient Information

- Patient name
- Date of birth
- Insurance ID
- Insurance group number
- Case ID number (if applicable)

Clinical Rationale

- Patient's diagnosis
- The reasons why cocaine hydrochloride nasal solution, 4% (CII) is medically necessary
- The clinical rationale for cocaine hydrochloride nasal solution, 4% (CII), including trial data supporting the FDA approval, administration, and dosing information
- [Ambulatory surgical centers only] Confirmation that the procedure for which the product needs to be used is on the approved ambulatory surgical center procedure list

Additional Enclosures

- [Prescribing Information](#)
- [FDA approval letter](#)
- Clinical notes/medical records
- Diagnostic test results
- Relevant peer-reviewed articles

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[Date]
[Payer name]
[Payer street address]
[Payer city, state, and zip code]
Patient name: [Patient full name]
Date of birth: [Patient birth date]
Member ID: [Patient member ID number]
Policy or group number: [Patient policy or group number]
Case ID number: [Case ID number (if applicable)]

To Whom It May Concern,

I understand that the [plan name] policy for [patient name] does not currently provide coverage for the anesthetic cocaine hydrochloride nasal solution, 4% (CII) as medically necessary; however, there are compelling medical reasons why it is uniquely well-suited to their case. Please see below for details about [patient name]'s clinical/medical history that support the need for your coverage of this product.

Patient's clinical/medical history

- [Patient's diagnosis (ICD-10-CM code), date of diagnosis]
- [Patient's first visit and date of referral]

Justification for medical exception

- [State the clinical rationale for the use of cocaine hydrochloride nasal solution, 4% (CII)]
- [State why alternative anesthetics are not appropriate for your patient]
- [Additional factors affecting the need for cocaine hydrochloride nasal solution, 4% (CII)]
- [Note that the FDA approved cocaine hydrochloride nasal solution, 4% (CII) on December 14, 2017]

Summary

Accordingly, your coverage of cocaine hydrochloride nasal solution, 4% (CII) for [patient name] would be greatly appreciated. Please contact me at [phone number] if you have any questions or need further information.

Sincerely,

[Physician name]
[Physician address]
[Physician phone]

Enclosures: [List enclosures such as Prescribing Information, clinical notes/medical records, test results, relevant peer-reviewed articles, clinical practice guidelines and FDA approval letter].