**Sample Letter of Medical Necessity for Entyvio**

[Physician’s letterhead]

[Date] [Patient’s name]

[Health plan’s name] [Date of birth]

ATTN: [Department] [Case ID number]

[Medical director’s name] [Dates of service]

[Health plan’s address]

[City, State ZIP]

Re: Letter of Medical Necessity for Entyvio® (vedolizumab)

Dear [Medical director’s name],

I am writing this letter on behalf of my patient, [patient’s name], to request coverage for

Entyvio for the treatment of [Crohn's disease (CD)/ulcerative colitis (UC)] [insert appropriate ICD-10-CM code here]. I have read and acknowledged your drug coverage policy and believe that Entyvio is the appropriate treatment for my patient at this time. This letter provides my clinical rationale and relevant information about the patient's medical history and treatment.

**Patient’s diagnosis and medical history**

[Patient’s name] is [a/an] [age]-year-old [male/female] patient who has been diagnosed with [CD/UC] as of [date of diagnosis]. [He/she] has been in my care since [date].

My rationale for prescribing Entyvio is based on [include a brief disease course of patient, including history of disease, any symptoms, and previous treatments. Additional information may include ongoing disease activity, changes in patient assessment of condition, intolerable side effects, and the patient’s inadequate or loss of response to other [CD/UC] treatments].

**Treatment plan**

In my clinical opinion, [patient’s name] should receive Entyvio for the following reasons:

[List your recommendations of why Entyvio is appropriate for this patient. Include history of treatment.]

|  |  |  |
| --- | --- | --- |
| History of previous therapies | Reasons for discontinuation of previous therapies | Duration of previous therapies |
|  |  |  |

I have reviewed your formulary for [CD/UC] and [summarize why the preferred drugs on formulary are not sufficient for the patient at this time].

**Summary**

I believe Entyvio is medically necessary for my patient. I have attached relevant lab test analyses and medical records to support my decision. If you have any further questions about this matter, please contact me at [physician’s phone number] or via e-mail at [physician’s

e-mail]. Thank you for your time and consideration.

Sincerely,

[Physician’s signature]

**Enclosures**

[List and attach enclosures, which may include: medical records, laboratory work, Entyvio Prescribing Information, or other supporting documentation.]

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