[Physician letterhead]

[Date]
[Health plan name]
ATTN: [Contact Title/Medical Director]
[Contact name (if available)]
[Health plan address]
[City, State ZIP]

Re: Letter of Medical Necessity for CequaTM

[Patient name]
[Date of birth]
[Insurance ID number]
[Insurance group number]
[Case ID number]
[Date(s) of service]

Dear [Contact Name/Medical Director]:

I am writing this letter on behalf of [Patient's name] to request coverage for

CequaTM (cyclosporine ophthalmic solution) 0.09% for the treatment of **Dry Eye Disease** (or Keratoconjunctivitis Sicca). This letter documents the medical necessity for Cequa and provides information about the patient's medical history and treatment.

Patient's diagnosis and medical history

[Patient name] is [a/an] [age]-year-old [male/female] patient who has been diagnosed with **Dry Eye Disease** as of [date]. [He/She] has been in my care since [date].

[Give a brief summary of rationale for treatment with Cequa. This includes a brief description of the patient's diagnosis, including the ICD-10-CM code, the severity of the patient's condition, symptoms, prior treatments/therapies to date, the duration of each, responses to those treatments, the rationale for discontinuation of prior treatments, as well as other factors (eg, underlying health issues, age) that have affected your treatment selection.]

Treatment plan

On [date], the FDA approved Cequa for the treatment of **Dry Eye Disease**. [Include plan of treatment (dosage, length of treatment) and clinical practice guidelines that support the use of Cequa.]

[Include a summary of reasons why preferred drugs on formulary are not appropriate for this patient.]

Summary

I believe Cequa is appropriate and medically necessary for this patient. If you have any further questions about this matter, please contact me at [Physician phone number] or via email at [Physician email]. Thank you for your time and consideration.

Sincerely,

[Physician signature]

Enclosures

[List additional documents, which may include: Prescribing Information, clinical notes/medical records, diagnostic test results, relevant peer-reviewed articles, clinical practice guidelines, FDA approval letter, scans showing progressive disease, pathology reports.]