


# Sample Letter of Medical Necessity

 HCPs can follow this format for patients who are **NOT** currently receiving treatment with Taltz® (ixekizumab) 80mg/mL.

Re:

To whom it may concern:

I am writing to provide additional information to support my claim for \_\_\_\_\_'s treatment of \_\_\_\_\_ with Taltz (ixekizumab). In brief, treatment with Taltz \_\_\_\_\_ is medically appropriate and necessary for this patient. This letter includes the patient's medical history, previous treatments, disease severity, and a recent photo(s) of the impacted area(s) \_\_\_\_\_ that support my recommendation for treatment with Taltz.

**Patient's history, diagnosis, condition, and symptoms\*:**

**Please detail all past treatments.**

Past treatment(s)<sup>†</sup>

Start/stop dates

Reason(s) for discontinuing

\_\_\_\_\_  
Infection name and affected part(s) of body

\_\_\_\_\_  
Treatment type(s)

\_\_\_\_\_  
Treatment start/stop dates

\_\_\_\_\_  
Anticipated resolution date>

Please feel free to contact me, \_\_\_\_\_, at \_\_\_\_\_ for any additional information you may require.  
I look forward to receiving your timely response and approval of this claim.

Sincerely,

**Encl: Medical records, clinical trial information, photo(s)**

\*Include patient's medical records and supporting documentation, including clinical evaluation, scoring forms, and photos of affected areas as applicable.

<sup>†</sup>Identify drug name, strength, dosage form, and therapeutic outcome.