

Sample Letter of Medical Necessity

[Physician/Provider letterhead]

[Name]

[Insurance Company Name] [Address]

[City, State ZIP] [Date]

Member name: *[insert name]*

Member number: *[insert number]*

Group number: *[insert number]*

Claim number: *[insert number]*

To Whom It May Concern:

I am writing on behalf of my patient, *[patient name, age]*, to document the medical necessity of Qbrexza™ (glycopyrronium) cloth for their diagnosis of primary axillary hyperhidrosis, L74.510. This letter provides information about the patient's medical history and diagnosis, and it includes information summarizing my treatment rationale.

Patient's Diagnosis and History:

[Include information regarding the patient's condition and specific diagnosis. Also include the patient's history related to his or her condition. It would be helpful to include how the condition has affected the patient's ability to participate in daily activities.]

Treatment History and Rationale:

[Include information regarding the patient's response to past treatment, why Qbrexza is necessary, and how Qbrexza will help the patient.]

Summary Statement:

Qbrexza (glycopyrronium) is an FDA-approved anticholinergic indicated for the treatment of primary axillary hyperhidrosis in adults and pediatric patients 9 years of age and older. Per this indication and the patient's medical history above, it is my professional opinion that Qbrexza is medically necessary for this patient. Please contact me if any additional information is required to ensure the prompt approval of Qbrexza.

Sincerely,

[Physician's name, signature, and phone number]

Enclosure: *[Qbrexza PI (<http://pi.dermira.com/QbrexzaPI.pdf>)]*