

Tips for drafting an effective medical necessity letter

A medical necessity letter may be required by a payer to grant a patient access to certain prescription medications. In order to be effective, a medical necessity letter should explain the rationale for the clinician's prescribing decision, as well as include evidence supporting the reason(s) why only the prescribed medication and no other option on formulary is suitable for the patient.

The following tips may be useful in drafting an effective medical necessity letter for ONGENTYS° (opicapone) capsules:



Avoid access denials

- Prior authorization (PA): Complete the payer's current PA form for ONGENTYS, and follow the submission
 process; provide all information and supporting documentation that are required or recommended by the payer,
 which may include an accompanying letter that supports medical necessity and appropriate use
- Step therapy (ST): Explain with supporting documentation when and how the patient has already met the payer's ST requirements (eg, tried and failed one or more generic and/or brand medications on formulary first)
- Plan or benefit exclusion: Explain why only ONGENTYS and no other generic or brand option on formulary is suitable for the patient, and provide documentation to support medical necessity

Write a detailed letter demonstrating medical necessity



Consider including the following:

- Patient information: Name, date of birth, insurance ID #, insurance group #, case ID #
- **Summary** of the patient's diagnosis and medical history; be sure to include the stage/severity of the patient's Parkinson's disease and any prior treatment history, if applicable
- **Reason(s)** why ONGENTYS and no other generic or brand option on formulary is suitable for the patient, and provide supporting documentation for medical necessity
- Clinical rationale for the treatment plan (including clinical trial data that may be helpful)
- A summary/conclusion with your prescribing rationale

Provide documentation



In addition to your clinical rationale and any documentation required by the payer, consider including the following if you feel they may help support medical necessity:

- Medical records or chart notes
- ONGENTYS full Prescribing Information

REMEMBER: Incomplete or missing documentation is a common reason for denials.

This information is for informational purposes and for the healthcare provider's convenience only. It is not intended as legal advice and is not a substitute for a provider's independent professional judgment. This information is not a guarantee of coverage or payment (partial or full). Healthcare providers should always confirm coverage for individual patients with their insurance providers.

