Dear [Health Plan]:

I am writing this letter of medical necessity in support of my request to treat [patient name] with Gamifant (emapalumab-lzsg).

[Note: Include information about your credentials, specialty, and practice.]

1. Patient-Specific Rationale for Treatment

In brief, based on the clinical data available to date, it is my medical opinion that initiating treatment with Gamifant for [patient name] is medically appropriate and necessary, and the procedures required for its administration should be a covered and reimbursed service. Below, this letter outlines [patient name]'s medical history and prognosis, and the rationale for treatment with Gamifant.
[The following section is to be completed by the physician based on the patient’s medical history and prognosis.]

2. Summary of Patient’s Medical History [You may want to include]:
   - Patient’s diagnosis and current condition
   - Relevant medical history
   - Previous therapies the patient has taken for the symptoms associated with his or her condition
   - Patient’s response to these therapies

3. Patient’s Prognosis
   [Summary of the patient’s likely prognosis without Gamifant treatment vs the patient’s prognosis with Gamifant treatment.]

   Please call my office at [telephone number] if I can provide you with any additional information. I look forward to receiving your timely response and approval of this claim.

Sincerely,

[Doctor name and participating provider number]

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