

Sample Letter of Medical Necessity

Re:

To whom it may concern:

I am writing to provide additional information to support my claim for treatment of _____ with Olumiant® (baricitinib). In brief, treatment with Olumiant _____ once daily is medically appropriate and necessary for this patient. This letter outlines the patient's medical history to support my recommendation for treatment with Olumiant.

Patient's diagnosis*:

Patient has been diagnosed with:

Please provide the following:

Primary ICD-10 diagnosis code _____ Other ICD-10 diagnosis code (if applicable) _____

A _____ has either been consulted or is the prescribing physician for Olumiant

Patient treatment history and comorbidities:

Treatment	Dose	Start/stop dates	Reason(s) for discontinuation
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Additional patient comorbidities or considerations:

Supporting references for the recommendation:

Physician contact information:

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

Sincerely,

Patient's name and signature if required by payer

Encl: Medical records, supporting documentation, Letter of Medical Necessity, original denial letter

Please click to access full [Prescribing Information](#), including [Boxed Warning](#), and [Medication Guide](#).



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