

SAMPLE Health Plan Letter of Medical Necessity

[Date]

[Payer Name]

[Payer Address]

Attn: [Medical Director]

RE: Letter of Medical Necessity for use of OMIDRIA[®] (phenylephrine and ketorolac intraocular solution) 1% / 0.3% during cataract surgery

Patient: [Patient Name]

Group/Policy Number: [Number]

Date(s) of Service: [Dates]

Diagnosis: [Code & description]

Procedure: [Code & description]

Dear [Medical Director],

I am writing on behalf of my patient, [Patient Name], to document medical necessity for use of OMIDRIA[®] (phenylephrine and ketorolac intraocular solution) 1% / 0.3% during cataract surgery. OMIDRIA is FDA-approved for use during cataract surgery or intraocular lens replacement.¹ It is indicated for maintaining pupil size by preventing intraoperative miosis and for reducing postoperative ocular pain.¹ This letter serves to document that [Patient Name] requires OMIDRIA during surgery and that OMIDRIA is medically necessary for [him/her] as administered. On behalf of the patient, I am requesting approval of use and subsequent payment for this treatment.

Medical History and Diagnosis

[Patient Name] is [a/an] [age]-year-old [male/female] diagnosed with [diagnosis]. As a result of [diagnosis], my patient requires surgery. [Insert further medically relevant history as needed.] The attached medical records document [Patient Name]'s clinical condition and the medical necessity for treatment with OMIDRIA during [his/her] surgery.

Rationale for Use of OMIDRIA

[Insert clinical rationale and reasons for use of OMIDRIA]

Based on the indication for OMIDRIA and the patient's medical history, in my clinical opinion, use of OMIDRIA during surgery is medically necessary for this patient.

Please consider coverage of the use of OMIDRIA on behalf of [Patient Name] and approve use and subsequent payment for OMIDRIA as planned. Please refer to the enclosed Prescribing Information for OMIDRIA.

If you have any further questions regarding this matter or require further documentation, please do not hesitate to call me at [physician telephone number] or email me at [email address]. Thank you for your prompt attention to this matter.

Sincerely,

[Physician name], [degree initials] [National Provider Identification Number (NPI)]

Enclosures [attach as appropriate]

[OMIDRIA Prescribing Information]

[Medical history for [Patient Name], group/policy number [number]]

CC: [Medical Director, patient, specialty society, insurance]

Reference: 1. OMIDRIA [package insert]. Seattle, WA: Omeros Corporation; 2017.

The information contained in this template letter is provided by Omeros for informational purposes for patients who have been prescribed OMIDRIA. This template letter is not meant to substitute for a prescriber's independent medical decision-making.

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