# This letter is only intended as a SAMPLE Letter of Medical Necessity For XEOMIN® (incobotulinumtoxinA)

## PLEASE USE PROVIDER'S LETTERHEAD

Prescribing physician should edit the content of this letter as appropriate for the subject patient

<<Date>>

<<Payer Name>>
<<Payer Address>>

Re: <<Patient Name>>
<<Date of Birth>>
<<Policy ID/Group Number>>
<<Name of Policyholder>>

Dear Sir/Madam:

This letter is on behalf of <Patient Name>, who is receiving treatment from me for <condition for which XEOMIN® (incobotulinumtoxinA) was prescribed>. The information below supports my assessment that the use of XEOMIN is both medically appropriate and necessary for my patient.

Medical History:
[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].

Treatment History:
<Prior treatments and response to those treatments>

I prescribed XEOMIN based on my clinical evaluation of my patient and their medical history. The information below supports my assessment that the use of XEOMIN is both medically appropriate and necessary for my patient.

<Discuss clinical judgement for use of XEOMIN>

I believe that XEOMIN is medically necessary for my patient. I have enclosed documentation supporting my clinical decision. If you require further information or documentation, please contact me at <phone number>.

Sincerely,

<<Physician Name>>

Enclosures:
Please include the XEOMIN PI, IFU, patient clinical notes and any other supporting documentation.

*The physician is responsible for all payer communications, including disclosure of personal health information.*