

# Sample Letter of Medical Necessity

*Brackets indicate customizable fields*

[Date]

Att: [Medical Director]

RE: Patient: [First and last name]

[Health plan contact name]

Policy number: [Plan identification number]

[Health plan name]

Group number: [Group plan number]

[Payer address]

Claim number: [Number]

**RE: AUTHORIZATION FOR GIMOTI (METOCLOPRAMIDE) NASAL SPRAY**

Dear [Contact Name]:

I am writing this letter to document the medical necessity for [initiating treatment/continuing treatment] for [patient name] with GIMOTI, an FDA-approved treatment indicated for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis [diagnosis code and description]. On behalf of [patient name], I hope you are able to grant this coverage request.

## Summary of Patient's Treatment History

[Patient name] is a [age]-year-old [male/female] diagnosed with [diagnosis, including any available test results]. [Patient name] has been in my care since [date]. As a result of [diagnosis and severity of condition], my patient [brief description of patient history]. Additionally, [patient name] has tried [previous therapies, including intolerance, outcomes, and challenges]. Based on my clinical experience, and supported by the attached medical records, my patient [brief description of patient's prognosis or disease progression without treatment with GIMOTI].

Based on the above information, I am confident that you will agree that [patient name] is an appropriate candidate for GIMOTI. The plan of treatment is to [start/continue] the patient on GIMOTI [brief description of treatment plan].

Please consider coverage of GIMOTI on [patient name]'s behalf, and approve use and subsequent payment for GIMOTI as outlined.

If you have any questions regarding this matter, please do not hesitate to call me at [contact number].

Thank you for your prompt attention to this matter.

Sincerely,

[Physician name and signature]

[Physician medical specialty]

[National Provider Identifier]

[Practice name]

[Office number]

[Fax number]

## Enclosures (attach as appropriate):

Clinical notes and labs (include, when available, gastric emptying study, upper endoscopy, HbA1c)

GIMOTI Prescribing Information link: <https://evokepharma.com/wp-content/uploads/Prescribing-Information-Gimoti%E2%84%A2-metoclopramide-nasal-spray.pdf>

FDA approval letter link: [https://www.accessdata.fda.gov/drugsatfda\\_docs/appletter/2020/209388Orig1s000ltr.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2020/209388Orig1s000ltr.pdf)