



My DNA, My Medicine

Date: __ / __ / ____

Letter of Medical Necessity

Patient Name: _____ DOB: _____

Insurance: _____

Member Name: _____ Policy Number/Member ID: _____

Diagnosis: _____

Claim Specialist:

This letter is a request for coverage for Pharmacogenomics Testing for my patient. This genetic test will provide knowledge that can help avoid harmful and costly adverse drug events, optimize drug dosing and increase the chances for successful treatment by analyzing certain liver proteins that are responsible for pharmaceutical drug metabolism.

Referenced genes include: ANKK1, ApoE, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, FACTOR II, FACTOR V, MTHFR, OPRM1, SLC01B1, and VKORC1. The genetic testing panels are validated and Clinical Laboratory Improvement Amendments (CLIA) compliant.

Genetic disposition can account for much of the variability seen in patient's response to drug therapies. Benefits of pharmacogenomics testing have been well documented in providing a better standard of care for patients. There are over 150 FDA-approved drugs that provide pharmacogenomics information in their drug labeling. This information includes specific actions to be taken based on a patient's genetic profile which is obtained by performing pharmacogenomics tests.

Given this patient's clinical medical history and current prospective prescribed medications, this testing is medically necessary.

If you have any questions or need additional information, please do not hesitate to contact me. I can be reached at the contact information for my medical practice listed below. Thank you in advance for your consideration.

Sincerely,

Physician Signature

Date: _____