**[Physician Letterhead/stationery]**

**[Date]**

**[Medical director name]**

**[Health plan/insurance company]**

**[Address]**

**[City, State, Zip]**

RE: Patient Name: **[Patient Name]**

Policy Number: **[Policy Number]**

Claim Number: **[Claim Number]**

Subject: Supporting Coverage of VELTASSA® (patiromer) For Oral Suspension

Dear **[Medical director’s name]**:

I am writing this letter to document that my patient, **[name of patient]** has been diagnosed with hyperkalemia and requires treatment with VELTASSA, and that VELTASSA is medically necessary for **[him/her]** as prescribed.

This letter serves to document my patient’s medical history and diagnosis,
summarize my treatment rationale, as well as provide a copy of the Prescribing Information for VELTASSA.

**[Name of patient]** is a **[age]**-year-old **[male/female]** who was diagnosed with hyperkalemia on **[mm-dd-yyyy]**. **[Name of patient]** has been in mycare since **[date]**.

**[Provide a brief discussion of patient’s history and current condition, laboratory results, and previous treatments, highlighting those factors leading you to recommend the use of VELTASSA]**.

VELTASSA **[was/will be]** prescribed to **[patient name]** for the treatment of
**[his/her condition]**.

In summary, treatment with VELTASSA is medically necessary for this patient, as outlined above, based on **[his/her]** medical history and diagnosis of hyperkalemia and other enclosed supporting documentation. Because of this, I expect that your coverage for the cost of VELTASSA would be appropriate, and I am confident you will agree. Please contact me at **[physician’s telephone number]** if I can provide additional information about this case.

Thank you in advance for your immediate attention to this request.

Sincerely,

**[Physician’s Signature,][MD]**

**[insert doctor name]**

Suggested Enclosures:

Package insert for VELTASSA

Copy of patient medical records

Other supporting documentation

PP-US-VEL-00125