

## *Sample Letter of Medical Necessity for Macroplastique®*

Re:            [Patient name]  
                 [Policy number]  
                 Request for Prior Authorization

To Whom It May Concern:

I am writing on behalf of [patient name], who is under my medical supervision for the diagnosis of [stress incontinence due to intrinsic sphincter deficiency]. This letter serves as a request for prior authorization to use the Injectable Urethral Bulking Agent Macroplastique® to treat her condition.

[Name] has suffered with symptoms of [stress incontinence] for [X] years. Despite treatment plans that have included [bladder training, biofeedback, etc.] and pharmacotherapy including [drug name], [patient name] continues to suffer from [stress incontinence, etc]. [Include sentence regarding why treatments/drugs failed – may include a discussion of side effects, drug resistance, patient compliance, etc.] [Add social or quality of life impact, if appropriate; is the patient depressed? Isolated? ]

Because standard treatments have been unsuccessful, I have prescribed Macroplastique, an injectable urethral bulking agent. Macroplastique is injected into the tissues surrounding the urethra. The increased "bulk" allows urethra to close more effectively and prevents urine from leaking. The procedure can be performed in the doctor's office.

I strongly believe [name] is a very appropriate candidate for Macroplastique. Previous therapies have failed.

The attached documentation provides a summary of the procedure, equipment involved, and clinical evidence.

This treatment is medically necessary for [name]. The treatment session for [name] is scheduled for [date]. Please forward your authorization for this treatment to [fax or address].

Thank you,