**Letter of Medical Necessity Template**

[Physician practice letterhead]

[Contact name] Re: [Insured patient full name]

[Insurance company] [Patient date of birth]

[Insurance company street address] Policy number: [policy number]

[Insurance company city, state, ZIP] Group number: [group number]

[Date]

Subject: Coverage request for EXPAREL® (bupivacaine liposome injectable suspension)

Dear [contact name],

I am writing on behalf of my patient, [patient name], to request coverage for EXPAREL, which I [have administered/will administer] for postsurgical pain management. EXPAREL is an FDA-approved, long-acting, non-opioid treatment. In clinical studies, patients taking EXPAREL showed [describe results of clinical studies, including the impact on pain and opioid consumption]. This letter provides a clinical history and rationale to support the use of EXPAREL for postsurgical pain management following [surgical procedure].

**Brief Clinical History**

[Patient name] is a [age]-year-old [male/female]. I [will perform/have performed] [surgical procedure] on [patient name]. We [administered/plan to administer] [266 mg/133 mg] of EXPAREL via [single-dose infiltration/interscalene brachial plexus nerve block/sciatic nerve block/adductor canal block/regional field block].

**Treatment Rationale**

Other postsurgical pain management therapies [are/were] not appropriate for [patient name] because:

* [There is/was a need for opioid-minimizing strategies]
* [The patient is/was not a candidate for a catheter]
* [There is/was a need for long-acting pain management]
* [(Other reason)]

Therefore, treatment with EXPAREL [is/was] medically necessary for [patient name].

Please promptly review the information that I have provided to verify [patient name]’s coverage for EXPAREL. I can be reached at [physician phone number] or [physician email address] if additional information is required for approval of this request. [You can find additional information about EXPAREL at [www.EXPARELpro.com](http://www.EXPARELpro.com).]

Thank you for your immediate attention to this very important matter.

Sincerely,

[Physician name]

[Physician phone number]

[Practice name]

[Practice address]

**Enclosures** (suggested):

[Drug name] FDA approval letter

[Drug name] Prescribing Information

Relevant medical records

PP-EX-US-10036 04/25