

Letter of Medical Necessity

To:

Re: Patient's Name:
Policy Number:
Group Number:
Date of Birth:

To Whom It May Concern:

I am writing to notify you of my intent to treat _____ with PuraPly™ Antimicrobial Wound Matrix (PuraPly AM), which is a collagen wound matrix containing the antimicrobial agent Polyhexamethylene Biguanide Hydrochloride (PHMB). PuraPly AM is intended for the management of various wound types and to provide an effective barrier to resist microbial colonization.

PuraPly AM was FDA cleared in 2005. PuraPly AM is intended for the management of wounds, and as an effective barrier to resist microbial colonization within the dressing and reduce microbes penetrating through the dressing. PuraPly AM is indicated for the management of:

- Partial and full-thickness wounds
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Tunneled/undermined wounds
- Surgical wounds (donor sites/grafts, post-Mohs' surgery, post-laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- Draining wounds

I believe my patient will benefit from this treatment. Please feel free to contact me if additional information is required to process my request for coverage.

Sincerely,