

*[Date]*

*CAC Member Name*

*Site Address Name*

*Address for Comments*

*City, State ZIP*

Re: Local Coverage Decision for Protopic® (tacrolimus) ointment (*LCD name*)

Dear Dr. *[Doctor's Name]*:

I am writing to inform you, in your capacity as a representative of the Medicare Carrier Advisory Committee (CAC) for *[contractor name]*, of coverage issues my patients are experiencing surrounding Protopic. I respectfully ask

for your assistance in the resolution of those issues. *[If appropriate:]* Coverage parameters for tacrolimus are currently addressed under *[LCD name]*. I have attached that LCD and its attendant Policy Article.

My concern centers around *[Here, describe coverage issues with Protopic. This may include a description of the current policy and how the patient's health interests are adversely affected. The issues can be general or specific, but concrete examples of how changing the current LCD could positively impact the patient's outcome are beneficial. Citing published literature or other clinically accepted references and explaining how they support the way Protopic is being prescribed is also appropriate]*.

It is my request that the CAC consider revising the LCD *[State specific proposed changes to LCD]*.

Please do not hesitate to contact me regarding my clinical experience with Protopic. I would be happy to discuss the above issues with you or the CAC in its entirety at the next scheduled open meeting. I appreciate your attention and support of this matter.

Respectfully,

*[Physician Name]*

Encl.

*[Enclose additional documents as supportive of use (eg, LCD policy Article)]*