

To whom it may concern:

We are writing on behalf of \_\_\_\_\_ to request that \_\_\_\_\_ cover Luminopia, an FDA-approved<sup>1</sup> treatment for pediatric amblyopia.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ ID: \_\_\_\_\_  
was diagnosed with amblyopia (ICD-10: \_\_\_\_\_)

This patient has:

Anisometropic, small angle (10 prism diopters or less) strabismic amblyopia or mixed-mechanism amblyopia

No history of light induced seizures and no conditions documented that prevent the patient from completing a continuous 45-90 minutes of treatment per day while sitting in front of a near screen; such as children who don't like or cannot watch TV or movies for more than 60 minutes every day according to the parent's report

Patient has previously tried patching or Atropine treatment for over 6 months

If myopia present, it is not greater than -6 D. spherical equivalent in either eye

Sincerely,

X \_\_\_\_\_

\_\_\_\_\_