SAMPLE LETTER OF
MEDICAL EXCEPTION

[Date]
[Payer Name]
[Payer Street Address]
[Payer City, State, and Zip Code]

Patient Name: [Patient Full Name]
Date of Birth: [Patient Birth Date]
Member ID: [Patient Member ID Number]
Policy or Group Number: [Patient Policy or Group Number]
Case ID Number: [Case ID Number (if available)]

To Whom It May Concern,

I understand that the [plan name] policy for [patient name] requires [restriction description] prior to approving MONJUVI® (tafasitamab-cxix) treatment. However, I believe that [patient name] requires MONJUVI without [restriction description] due to clinical and medical circumstances. Please see below for details about symptoms, previous treatments, medical history, and treatment rationale that supports the claim for medical exception for [patient name].

Patient's Clinical / Medical History

- [Patient's ICD-10-CM diagnosis code and date of diagnosis]
- [Patient's first visit date and date of referral]
- [Patient's performance status]
- [Previous treatments including drug names and duration, responses to those treatments, and reason for discontinuation]
- [Patient's disease progression and scan history]
- [Any additional factors impacting MONJUVI treatment selection]

Justification for Medical Exception

- [State the clinical rationale for treatment with MONJUVI]
- [Describe why the plan requirement is not appropriate for your patient]
- [List concerns that may include experience on similar therapies, drug side effects, and any other patient-specific considerations]

Treatment Plan

- [Include plan of treatment: dosage, frequency, and length of treatment]
- [Clinical rationale for the use of MONJUVI]

Summary

Based on the above, I am certain that you will agree MONJUVI is an appropriate treatment for [patient name]. A timely approval of MONJUVI by [plan name] without [restriction description] would be greatly appreciated by both myself and my patient. Please contact me at [phone number] if you need more information to approve a medical exception for [patient name].

[Physician Name]

[Physician Address]

[Physician Phone]

Enclosures: [List any applicable enclosures such as prescribing information, patient medical history, relevant peer-reviewed articles, FDA approval letter, etc.]