

SAMPLE LETTER OF APPEAL

PRIOR AUTHORIZATION AND CLAIM DENIAL

[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 am writing on behalf of my patient, [patient name], to request reconsideration for the coverage of MONJUVI® (tafasitamab-cxix) treatment which was denied on [date] for the following reason: [describe reason given in denial letter]. For your convenience, I have attached documentation supporting my request for reversal of coverage denial:

- ▶ The prior authorization request for [patient name] which was denied on [date]
- ▶ The patient's relevant medical history, diagnosis, and treatment plan
- ▶ Clinical rationale supporting MONJUVI treatment 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]

Treatment Plan

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

Summary

Given the provided evidence, I am confident you will agree treatment with MONJUVI is medically necessary. It is crucial that [plan name] allow the use of MONJUVI and provide coverage so [patient name] receives the care they need. We appreciate your prompt review and reconsideration of this case. If you need additional information, please contact my office at [insert office phone number].

Sincerely,

[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.]