

TEMPLATE LETTER OF PRIOR AUTHORIZATION AND CLAIM DENIAL

This example letter is provided for guidance and reference only.

[Date]

[Payer Name]

[Payer Street Address]

[Payer City, State, and Zip Code]

Patient Name: [Patient 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 ZYNYZ™ (retifanlimab-dlwr) 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]
- [Patient name]'s relevant medical history, diagnosis, and treatment plan
- Clinical rationale supporting ZYNYZ 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]
- [Any additional factors impacting ZYNYZ treatment selection]

Treatment Plan

- [Include plan of treatment: dosage, frequency, and length of treatment]
- [State the clinical rationale for treatment with ZYNYZ]

Summary

Based on the provided evidence, I hope you agree treatment with ZYNYZ is medically necessary. It is important that [plan name] allow the use of ZYNYZ and provide coverage so that [patient name] receives the care they may need. We appreciate your prompt review and reconsideration of this case. If you need additional information for a timely approval, please contact my office at [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.]