

Sample Letter of Medical Necessity

(Practice Letterhead)

(Date)

(Insurer Name)

(Insurer Company Name)

(City, State ZIP)

Attn: (Name, Department Name)

RE: Treatment authorization request for (Patient Name)

(Policy Number/Group Number/Patient ID #)

(Date of Birth)

To Whom It May Concern:

I am writing on behalf of my patient, (patient's name), to document the medical necessity of Vectibix™ (panitumumab) therapy.

(Mr./Mrs./Ms.) (patient's last name)'s medical history and treatment pathway are as follows:

- List previous chemotherapy regimen(s) and outcome(s)

Vectibix™ was approved for marketing by the FDA on September 27, 2006. Attached is the full prescribing information for Vectibix™. (Mr./Mrs./Ms.) (patient's last name) should receive Vectibix™ for the following reasons:

- List reasons

In summary, Vectibix™ therapy is necessary and reasonable for (Mr./Mrs./Ms.) (patient's last name)'s medical condition. Please contact me if any additional information is required to ensure the prompt approval of this course of therapy.

Sincerely,

(Physician Name)

encl.