**ROLVEDON™ Sample Letter of Prior Authorization Appeal**

[Print on Physician Letterhead]

[Date]

**Attn:** Medical Review/Appeals **Re:** [Patient Name]

[Insurance Company Name] [Date of Birth]

[Address for Appeals] [Patient Policy Number]

 [City, State, Zip] [Claim Number]

 [Date(s) of Service]

 [Provider: Physician or Hospital]

Dear Sir or Madam:

I acknowledge your health plan’s policy requiring a prior authorization prior to use of ROLVEDON™(eflapegrastim-xnst) Injection (13.2 mg/0.6 mL). In this letter, I will explain why this prior authorization should be approved for [Patient Full Name]. This letter serves as the [1st/2nd] appeal for approval of ROLVEDON, which was originally denied to [Patient Full Name], on [Date of Denial] because of [state reason given in denial letter].

This patient has been under my care for the treatment of [patient diagnosis—insert nonmyeloid diagnosis and myelosuppressive chemotherapy regimen], which increases the patient’s risk of infection manifested by febrile neutropenia. You have indicated that ROLVEDON is not covered because [reason for denial].

[Briefly describe patient’s symptoms, therapy to date, and any other pertinent information.]

Treatment with Rolvedon has been a necessary therapy for this patient’s medical condition, and it is my clinical opinion that <insert statement regarding patient response here, e.g. that [Patient’s Name] has benefited from Rolvedon>.

The attached full prescribing information provides the approved clinical information and FDA indication for ROLVEDON. ROLVEDON has been administered as a medically necessary part of this patient’s treatment.

I would appreciate reconsideration of coverage for [Patient Name].

Please contact me at [Phone Number] if you require additional information.

Sincerely,

[Physician Name]

[Participating Provider Number]

Enclosures [Attach original claim form, denial/Explanation of Benefits, and additional supporting documents (such as patient’s treatment with ROLVEDON, medical history, diagnosis, lab results, and treatment plan).]

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