

# Sample Format Letter of Medical Necessity

[Insert physician letterhead]

[Name] RE: Member Name \_\_\_\_\_  
[Insurance Company/Payer Name] Member Number \_\_\_\_\_  
[Address] Group Number \_\_\_\_\_  
[City, State, ZIP]

## EXPEDITED REQUEST: Authorization for treatment with ZYTIGA™ (abiraterone acetate)

Dear:

I am writing to make an expedited authorization request for my patient to receive treatment with ZYTIGA™ in combination with prednisone for metastatic castration-resistant prostate cancer (CRPC). He has received prior chemotherapy containing docetaxel. This request is consistent with the indication statement for ZYTIGA™.

My request is supported by the following:

### Summary of Patient History

You may want to include [NOTE: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]

- Patient's diagnosis, date of diagnosis, stage, Gleason score, PSA, relevant labs, condition, and history
- Previous therapies and procedures the patient has undergone for management of his condition
- Patient's response to these therapies
- Summary of your professional opinion of the patient's likely prognosis or disease progression without treatment with ZYTIGA™

### Rationale for Treatment

Considering the patient's history, condition, and the full Prescribing Information supporting use of ZYTIGA™, I believe treatment with ZYTIGA™ at this time is appropriate, and medically necessary.

Given the urgent nature of this request, please provide an expedited authorization. Contact my office at [insert telephone number] if I can provide you with any additional information.

Sincerely,

[Insert Doctor name and participating provider number]

Enclosures