

## 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 Nplate™ (romiplostim) therapy for adult chronic ITP.

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

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

Nplate™ was approved for marketing by the FDA on August 22, 2008. Attached is the full prescribing information for Nplate™. (Mr./Mrs./Ms.) (patient's last name) should receive Nplate™ for the following reasons:

- List reasons

Nplate™ is indicated for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins or splenectomy. Nplate™ should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate™ should not be used in an attempt to normalize platelet counts.

### IMPORTANT SAFETY INFORMATION

Serious adverse reactions associated with Nplate™ in clinical studies were bone marrow reticulin deposition and worsening thrombocytopenia after Nplate™ discontinuation. Additional risks include Bone Marrow Fibrosis, Thrombotic/Thromboembolic Complications, Lack or Loss of Response to Nplate™, and Hematological Malignancies and Progression of Malignancy in Patients with a Pre-existing Hematological Malignancy or Myelodysplastic Syndrome (MDS).

Nplate™ is not indicated for the treatment of thrombocytopenia due to MDS or any cause of thrombocytopenia other than chronic ITP

Nplate™ is available only through a restricted distribution program called Nplate™ NEXUS (Network of Experts Understanding and Supporting Nplate and Patients) Program.

In the placebo-controlled studies, headache was the most commonly reported adverse drug reaction.

In summary, Nplate™ 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 therapy.

Sincerely,

(Physician Name)

encl.