

Practice Letterhead

Date

Insurer Name
Insurer Address
City, State, ZIP Code

Re: Patient's Name
Policy #/Patient's ID
Group #
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 Aranesp® (darbepoetin alfa) for the treatment of anemia from concomitant chemotherapy.

The patient's relevant medical history and treatment pattern are as follows:

(Include an overview of medical condition and previous anemia episodes and therapies. Describe the anticipated outcomes with Aranesp® and the anticipated outcome without the treatment. Note: Physicians should exercise medical judgment and discretion in regard to making an appropriate diagnosis and characterization of an individual patient's medical condition. In addition, physicians are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.)

In summary, I believe Aranesp® is medically necessary and reasonable for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,
Physician's name