[Date]

[Health Plan Contact Name]

[Title]

[Health Plan Organization Name]

[Address]

[City, State, ZIP]

Re: [Patient full name], Insurance Policy ID Number: [Policy ID Number], Group Number: [Group Number]

Dear [Health Plan Contact Name],

I am writing on behalf of my patient, [Patient full name], to request approval to treat [him/her] with ZYNLONTA™ (loncastuximab tesirine-lpyl). Included for your consideration is [Patient name]’s medical history and diagnosis (ICD-10 code: [insert code]), documentation to support the use of ZYNLONTA™ and a copy of the Prescribing Information for ZYNLONTA™.

Based on my clinical judgment, ZYNLONTA™ is medically necessary for [Patient name] because [insert rationale for prescribing ZYNLONTA™].

[Patient name] is a [age]-year-old [male/female] diagnosed [diagnosis and ICD-code] by [physician name] and has been in my care since [year]. My current treatment plan for [patient name] includes [current treatment(s) and dosage]. [Patient name] has been on this treatment plan since [start date of current treatment plan]. I have included a summary below of the patient’s treatment history and additional clinical information to support my opinion on the medical necessity for ZYNLONTA™.

[Include information regarding patient’s diagnosis, such as:

* Brief description of the patient’s diagnosis, including the applicable ICD-10 code(s)
* History with this patient
* Previous therapies and results of such therapies
* Current treatment plan; and
* Other supporting information (USPI, guidelines, HCP office-selected clinical notes).]

Based on the above and attached information, I am confident that you will agree that ZYNLONTA™ is indicated and medically necessary for [Patient name].

In summary, it is my professional judgment that it is in the best interest of [Patient name] to be treated with ZYNLONTA™, and I am requesting approval for treatment with ZYNLONTA™. Please call me at [phone number] if I can be of further assistance or if you require additional information.

Sincerely,

[Physician’s name, degree(s), and signature]

Enclosures: [Include enclosures, such as relevant medical records, USPI, and FDA approval information]