

Hours of Operation: Monday-Friday  
8am-10pm ET

Address: PO Box 501847  
San Diego, CA 92150

Phone: 1-800-545-5979

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## Information for Prescribers: Letter of Medical Necessity

Your Patient has applied for and been denied health plan coverage for the Lilly Oncology product you wish to prescribe. Your Letter of Medical Necessity will be critical to the Appeals outcome. Please consider whether your letter covers the following points:

- ⇒ Patient name
- ⇒ Patient ID or Health Insurance Claim Number (HICN)
- ⇒ Initial date of diagnosis
- ⇒ Specific cell type per pathology report, including documentation of metastasis, if applicable
- ⇒ Current treatment rendered including all drugs, dosages, and schedules
- ⇒ Response to treatment being appealed
- ⇒ For prior treatment given, list all drugs, dosages, schedules, clinical response, and reason for discontinuation