

[Physician's Letterhead]
[Date]

[Name of Health Insurance Company]
[PO Box or Street Address]
[City], [State] [Zip Code]

Re: [Patient Name]
Policy #: []
Group #: []

To Whom It May Concern:

[Patient Name] is a patient under my care for [disease]. [He/She] was first diagnosed with [diagnosis] on [date of diagnosis]. [Provide description of treatment and/or surgery that followed the diagnosis].

At this time, I plan to start [Patient Name] on a course of treatment with [name of chemotherapeutic agent], known to be emetogenic, and AKYNZEO[®] (fosnetupitant/palonosetron) for injection. [Patient Name] will be treated with [state dosing regimen].

Without preventative treatment, [Patient Name] may experience [state complication(s)] related to [his/her] chemotherapy treatment. In my professional opinion, AKYNZEO[®] for injection is medically necessary and an appropriate drug for my patient at this time. Enclosed is the package insert for AKYNZEO[®] for injection.

Also enclosed you will find the patient's [list pertinent enclosures such as prior failed medication, chemotherapy flow sheets, and chart notes]. Please feel free to contact me if you require additional information.

Sincerely,

[Physician Name, Signature]

Enclosures:

- AKYNZEO[®] for injection package insert
- Patient medical records [list pertinent enclosures such as prior medication, chemotherapy flow sheets, and chart notes]