

## Considerations for Submitting a Prior Authorization (PA) Request and Letter of Medical Necessity

- It is important to understand the health insurance plan's process and guidelines for PAs (these may differ across health insurance plans) and EveryDay Support From Day One™ can help confirm the process and required forms
- Complete any forms required by the health insurance plan for a PA request and check that all information is thorough and accurate
- Include a Letter of Medical Necessity explaining your rationale for treatment and clinical decision-making, even if not specifically requested
- Attach all relevant documentation to the Letter of Medical Necessity in support of medication use

## Information to Include in a Letter of Medical Necessity

- Patient Information:** Patient's first and last name, date of birth, insurance group number, insurance policy number, and patient case ID number
- Prescriber Information:** Prescriber's first and last name and credentials, prescriber's NPI number, office name and address, office telephone/fax numbers, and email address
- Patient's Medical History**
  - Patient's age, diagnosis, date of diagnosis, BRAF alteration type, and relevant ICD-10-CM code(s)
  - Treatment history, including previous treatments and reasons for discontinuation of prior therapies
  - Documented disease progression or lack of response
  - Current medical condition and description of disease severity (include any sequelae or tumor complications to reinforce the need for treatment)
- Treatment Rationale and Supporting Documentation**
  - Pathology reports and/or molecular testing reports documenting BRAF alteration
  - Recent imaging report(s)
  - Tumor board recommendation (if available)
  - FDA approval letter, dosing and [prescribing information](#), and clinical trial data/information



**See next page for sample Letter of Medical Necessity**

**If you have questions about submitting a Letter of Medical Necessity, please call EveryDay Support From Day One at 855-DAY1-BIO/855-329-1246.**

## Sample Letter of Medical Necessity

**Instructions:** Below is a sample Letter of Medical Necessity that can be used as a template. Please customize this letter by replacing the text in red with patient-specific details. It is recommended that this letter be written on practice letterhead.

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[Date]

[Insurance company]

Attn: [Contact Name]

[Street address]

[City, State ZIP]

Patient Name: [\_\_\_\_\_]

Policy #: [\_\_\_\_\_]

Group #: [\_\_\_\_\_]

Date of Birth: [\_\_\_\_\_]

RE: Request authorization for treatment with OJEMDA™ (tovorafenib)

To Whom It May Concern:

I am writing on behalf of [Patient's Name] to document the medical necessity for treatment with OJEMDA™ (tovorafenib), and to provide information about my patient's medical history and rationale for treatment. Below is more detail regarding [Patient's Name] medical and treatment history with relevant supporting information.

### Summary of Medical History

[Insert relevant information regarding the patient's diagnosis, such as:

- Patient's age, diagnosis, date of diagnosis, BRAF alteration type, and relevant ICD-10-CM code(s)
- Treatment history, including previous treatments and reasons for discontinuation, documented lack of response or tolerability, documented disease progression
- Current medical condition and description of disease severity (include any sequelae or tumor complications to reinforce the need for treatment)]

### Treatment Rationale

Considering the patient's medical history, current medical condition and prior treatments, I believe OJEMDA is warranted, appropriate, and medically necessary for [Patient's Name]. I have reviewed the OJEMDA Prescribing Information and FDA-approved indication, and based on my clinical judgment, [Patient's Name] will benefit from OJEMDA.

[Insert rationale for drug necessity and any other relevant information for prescribing OJEMDA for your patient.]

If you require additional information to support approval of treatment with OJEMDA, please contact me at [Physician's telephone/fax numbers and office email address].

Thank you for your consideration.

Sincerely,

[Physician's Name and Credentials]

### Attachments

Enclosed is the following documentation in support of this matter:

[Attach relevant clinical documentation to support medication use]