

**Hours of Operation:** Monday through Friday  
9 AM to 7 PM ET

**Address:** PO Box 4280  
Gaithersburg, MD 20885-4280

**Phone:** 1-866-472-8663 Option 2  
**Fax:** 1-877-366-0585

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## Information for Doctors: 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 HIC #
- ⇒ 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