



# Letter of Medical Necessity Checklist

A Letter of Medical Necessity may help support clinical decision-making at initial precertification or appeals for your patient receiving treatment with a Pfizer oncology medication. The following information should be included:

## BRIEF HISTORY

- Patient name
- Date of birth
- Insurance policy/ID number
- Date of initial diagnosis
- Significant laboratory tests and results
- Relevant pathology report details

### Original treatment(s)/medication(s) administered

- Drugs
- Dosages
- Schedules
- Reason for discontinuing treatment
- Patient's clinical response

## STATUS

- Date of recurrence (if applicable)

### Recommended treatment(s)/medication(s) plan

- Drugs
- Dosages
- Schedules

### Reason for treatment(s)/medication(s)

- Unabridged reprints or copies of applicable scientific and medical articles
- Comprehensive bibliographies
- Official FDA drug labeling

Accurate completion of reimbursement-related or coverage-related documentation is the responsibility of the provider and patient. Pfizer and its agents make no guarantee regarding reimbursement for any service or item.

**NOTE: Retain a copy of all submissions for your personal records.**

The information contained in this checklist is provided by Pfizer for informational purposes for patients who have been prescribed a Pfizer medicine. There is no requirement that any patient or healthcare provider use any Pfizer product in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.

