A Letter of Appeal may help support or revise clinical decision-making for your patient receiving treatment with a Pfizer oncology drug. The following information should be included:

**MEDICAL HISTORY**
- [ ] Patient name
- [ ] Insurance policy/ID number
- [ ] Date of initial diagnosis
- [ ] Significant laboratory tests and results
- [ ] Relevant pathology report details
- [ ] Previously administered treatments

**TREATMENT HISTORY**
- [ ] Medications including doses and frequency
- [ ] Treatment duration
- [ ] Reason(s) for discontinuation
- [ ] Clinical response

**CURRENT TREATMENT**
- [ ] Date of recurrence (if applicable)
- [ ] Recommended treatment plan
- [ ] Drugs
- [ ] Dosages

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.