[Date]

[Payer Name]

[Payer Address]

ATTN: [Appeals Department]

RE: [Patient Name]

[Policy ID/Group Number]

**REQUEST:** Authorization for treatment with IMAAVY™ (nipocalimab-aahu)

**DIAGNOSIS:** [Insert Diagnosis] [Insert ICD]

**DOSE AND FREQUENCY:** [Insert Dose & Frequency]

**REQUEST TYPE:** ☐ Standard ☐ **URGENT**

To Whom It May Concern:

My name is [name], and I am a [board-certified medical specialty] [NPI] writing on behalf of my patient, [patient name], to request coverage for IMAAVY™. [Patient name] has been under my care for [X months] for the treatment of [disease or symptoms]. IMAAVY™ is an FDA-approved therapy for this diagnosis. [I believe it is medically necessary for (patient name) to receive treatment with IMAAVY™.]

* [Provide a brief medical history, including diagnosis, date of diagnosis; objective data confirming diagnosis such as procedures, imaging and/or lab results; current condition/symptoms; and previous therapy including dose, duration & response.]
* [Discuss rationale for using IMAAVY™ versus other therapies on formulary. Insert your recommendation summary here, including your professional opinion of the patient’s likely prognosis or risk for disease progression without treatment with IMAAVY™.]
* [List of pertinent medical records and, additionally, consider documents that provide further clinical information to support the recommendation, such as full Prescribing Information, peer-reviewed journal articles, or clinical guidelines] are enclosed, which offer additional support for requesting IMAAVY™. Please consider coverage of IMAAVY™ for my patient.

Given the urgent nature of this request, please provide a timely authorization. Please contact my office at [telephone number] if I can provide you with any additional information.

Sincerely,

[Physician Name]

[Physician’s medical specialty]

[Physician’s NPI]

[Physician’s practice name]

[Phone #]

[Fax #]

☐ If this request is denied, I am requesting an expedited exception review by a professional in my specialty.

Enclosures [Include full Prescribing Information and the additional support noted above]