

SAMPLE LETTER OF APPEAL

This sample letter is intended to provide a general outline of what information should be submitted to payers to request reconsideration for denied claims of FOLOTYN® (pralatrexate injection). If you require additional information or understanding of the appeal process, please contact the Allos Support for Assisting Patients (ASAP) at 1-877-ASAP102 (272-7102). Additionally, the full prescribing information for FOLOTYN is provided, starting on page 2 of this document.

DATE

CLAIMS DEPARTMENT (A SPECIFIC CONTACT MAY BE IDENTIFIED)

PAYER

PO Box or STREET ADDRESS

CITY, STATE, ZIP CODE

RE: PATIENT NAME, TREATMENT DATE AND CLAIM NUMBER
POLICY NUMBER

To Whom It May Concern,

This letter is being sent in request of reconsideration on a claim for FOLOTYN® (pralatrexate injection), administered to PATIENT'S NAME on DATE OF SERVICE. According the the Explanation of Benefits (EOB), PAYER OR PLAN NAME denied this claim for DOCUMENT REASON CODE DEFINITION.

FOLOTYN is indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma. INCLUDE A REVIEW OF PATIENT NAME, AGE AND GENDER; INITIAL DIAGNOSIS AND DIAGNOSIS DATE. OUTLINE RELEVANT PATIENT HISTORY, LABORATORY RESULTS, AND ANY PREVIOUS TREATMENTS. OUTLINE YOUR TREATMENT RATIONALE, LISTING ANY PUBLISHED LITERATURE OR CLINICAL COMPENDIA REFERENCES THAT SUPPORTED THE DECISION TO TREAT.

Supportive documentation, including the full prescribing information and select published literature, are enclosed for support of my treatment rationale. This information will demonstrate medical necessity to support reconsideration and payment of the current denied claim. Please contact me if you require any additional information about this patient's case. Thank you in advance for your immediate attention to this very important patient request.

Sincerely,
PHYSICIAN NAME

Enclosures: INCLUDE THE ORIGINAL DENIED CLAIM FORM/EOB, COPIES OF PATIENT MEDICAL RECORD, FOLOTYN FULL PRESCRIBING INFORMATION, AND/OR OTHER SUPPORTING LITERATURE OR REPORTS