<<address>>

Re: Expedited appeal of denial of coverage for <<patient>>

 (DOB: xxx, SSN: xxx, Tel: xxx)

UHC #: xxx

Group#: xxx

Company: xxx

File ID: xxx

<<Date>>

To Whom It May Concern:

I am writing this letter on behalf of my patient, xxx (DOB: xxx, ID: xxx, Group# xxx), to request coverage for lenalidomide for the treatment of int-1-risk myelodysplastic syndrome (MDS).

<<patient>> is a <<male/female>> that has been previously treated with erythropoeisis stimulating agents (ESA) and growth factors but is becoming increasingly transfusion dependent. I feel, given the risks, benefits, and alternatives to available therapies, that treatment with lenalidomide at a dose of 10mg orally for days 1-21 of a 28 day cycle would be in <<his/her>> best interest. This is based on data from Raza et. al (2008), which is enclosed.

Please do not hesitate to contact my office with any questions, or concerns.

Sincerely,

<<Physician Address>>

Attachments:

Raza et al., Blood, Vol 111, No. 1, 86-93.