[Date]

[Name of Health Insurance Company]

[Address]

[City, State, ZIP Code]

RE: Coverage for Rubraca

Patient: [Patient Name]

Date of Birth: [Date]

Diagnosis: [Diagnosis], [ICD-10-CM]

Group/Policy Number: [Number]

Policyholder: [Policyholder Name]

To Whom it May Concern:

I am writing on behalf of my patient, [Patient Name], to document the medical necessity to treat their [Diagnosis] with Rubraca® (rucaparib).

This letter serves to document my patient’s medical history and diagnosis and to summarize my treatment rationale. Please refer to the RUBRACA (rucaparib) tablets package insert, and clinical notes enclosed with this letter.

Summary of Patient’s Medical History and Diagnosis:

[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].

[Provide a discussion of the patient’s clinical history, current symptoms and condition, any potential contraindications to alternate therapies, relevant laboratory test results, highlighting the factors leading you to recommend use of Rubraca]

Rationale for Treatment:

[Include your clinical rationale and reasons for prescribing the product]

In summary, Rubraca is medically necessary and reasonable to treat [Patient Name’s] [Diagnosis], and I ask you to please consider coverage of Rubraca on [Patient Name’s] behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at [Phone Number] if you have any questions or if you require additional information.

Thank you for your attention to this matter.

Sincerely,

[Prescribing Physician Name and Credentials]

[NPI Number]

Enclosures: {RUBRACA (rucaparib) tablets [package insert], clinical notes}

[Date]

PM17-08/23