

**ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)**  
**Sample LMN/Appeals Letter**

*Please Contact ARC of Support Medical Information at 800-564-0216, option 2 if you have ABRAXANE dosing, efficacy, safety and/or administration questions. Medical Information can also provide copies of ABRAXANE clinical information upon your request.*

Date

Payer Contact  
Contact's Title  
Payer Name  
Payer Address  
City, State, Zip Code

SAMPLE

Insured's Name  
Patient's Name (If different than insured's)  
Policy Number

RE: ABRAXANE® Letter of Medical Necessity or ABRAXANE Appeals Letter  
NDC: 68817-0134-50  
DOS: ***Insert dates of service***

Dear \_\_\_Insert Payer Contact's Name or Claims Department\_\_\_\_\_

I am writing on behalf of \_\_\_***insert patient's name***\_\_\_ regarding coverage and appropriate payment for ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound). \_\_\_***insert patient's name***\_\_\_ is currently receiving \_\_\_***insert dosage***\_\_\_mg of ABRAXANE® for \_\_\_insert diagnosis\_\_\_.

**Patient History and Diagnosis**

*Insert patient's treatment history and complete medical necessity for ABRAXANE® therapy.*

**Disease and Treatment Information**

*Insert patient's diagnosis information and ABRAXANE® treatment information.*

ABRAXANE® (J9264 per 1 mg) is a cytotoxic anticancer drug indicated for the treatment of breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated. The recommended regimen is 260mg/m<sup>2</sup> administered intravenously over 30 minutes every 3 weeks. ABRAXANE® is supplied in 100mg single use vials for reconstitution with 20 mL of 0.9% sodium chloride, USP, prior to IV infusion. ABRAXANE® is free of solvents.

Per the ABRAXANE® Package Insert's Black Box Warning, DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS. See the ABRAXANE package insert for additional product information.

We are requesting that you reconsider coverage and payment for \_\_\_***insert patient's name***\_\_\_ ABRAXANE® treatment for \_\_\_***insert DOS***\_\_\_. Should you require additional information please contact me at \_\_\_***insert phone and email addresses***\_\_\_.

Sincerely,

Physician Name  
Practice Name

Visit [www.Abraxane.com](http://www.Abraxane.com) or [www.Abraxisoncology.com](http://www.Abraxisoncology.com) for additional ABRAXANE® product information  
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