

Medical Necessity Checklist

A Letter of Medical Necessity may help support clinical decision-making at initial precertification or appeals for your patient receiving treatment with IBRANCE® (palbociclib). To support the development of the letter of medical necessity for appropriate patients, please include the following information.

Medical History

- Patient name, date of birth, gender
- Insurance policy/ID number
- Diagnosis (ICD-10-CM) and dates of initial diagnosis and recurrence (*see Reimbursement Guide in Toolkit*)
- Laboratory/imaging results and pathology reports
- Previously administered treatments (if applicable)
- Current condition, comorbidities, and intolerance to other therapies
- Biomarker status via FDA-approved test

Current Treatment

- Concise medical rationale for IBRANCE
- Recommended treatment plan
 - IBRANCE combination therapy dosage, quantity, start date and days supplied

Treatment History (if applicable)

- Prior treatments and procedures for the disease
 - Treatment dosage and frequency
 - Treatment duration
 - Clinical response
 - Reason(s) for discontinuation
- Physician opinion of patient prognosis or disease progression

Supporting documentation to include with letter of medical necessity

- IBRANCE Full Prescribing Information for 125 mg [capsules](#) and [tablets](#)
- Published articles and clinical guidelines (e.g., ASCO and NCCN)
- Laboratory/imaging results and pathology reports, including confirmation of biomarker status via FDA-approved test
- Medical records documenting treatment history

Accurate completion of reimbursement-related or coverage-related documentation is the responsibility of the provider and patient. This information is general in nature and is not intended to be exhaustive. Pfizer makes no guarantee regarding reimbursement for any service or item.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Pfizer for informational purposes for patients who have been prescribed IBRANCE. There is no requirement that any patient or healthcare provider use IBRANCE in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.