Sample Letter of Medical Necessity

[Date]

[Insurance Company Contact]
[Insurance Company Name]
[Insurance Company Address]
[Insurance Company City, State, ZIP]

Re: Patient: **[Patient's First and Last Name]**
Subscriber ID #: **[Insurance Subscriber ID]**
Subscriber Group #: **[Insurance Group ID]**
Date of Birth: **[Patient's Date of Birth]**

Dear **[Insurance Company Contact]:**

Please accept this letter to establish **[Patient's First and Last Name]** medical necessity for a PET scan using Cerianna (fluoroestradiol F 18) injection.

*****PLEASE INSERT MEDICAL NECESSITY HERE*****

The patient has **[recurrent/metastatic]** breast cancer and results from PET imaging with Cerianna may provide information specific to estrogen receptor (ER+) positive lesions. Knowledge of extent of ER+ disease and ER status of recurrent or metastatic lesions may be essential to assist with treatment strategy decision. Imaging with Cerianna may provide details on ER+ lesions as biopsy may not always be feasible in metastatic disease, where cancer has spread to distant organs and multiple sites.

*****TO BE MORE SPECIFIC THESE COMMENTS MAY BE ADDED******

☐ Cerianna may assist in the assessment of ER+ status in lesions that are difficult to biopsy, or biopsy is non-diagnostic.

☐ Cerianna can help detect ER+ status in lesions when other imaging tests are equivocal or suggestive.

☐ By detecting ER+ status Cerianna may help provide confidence in therapy selection when considering first or second line endocrine therapy in the metastatic setting.

☐ Clinical documentation that the patient's RECURRENT/STAGE IV (M1) disease workup is in line with the consideration of FES PET/CT now included in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for breast cancer version 4.2023.*

☐ Documentation that the patient's clinical use for estrogen receptor-targeted PET imaging with ^{18}F-FES PET aligns with the Society of Nuclear Medicine and Molecular Imaging's (SNMMI) Appropriate Use Criteria for Estrogen Receptor-Targeted PET Imaging with 16α-^{18}F-Fluoro-17β-Fluoroestradiol.

Should you require additional information, please do not hesitate to contact my office by calling **[Practice Phone Number]**.

Sincerely,

[Physician's Signature]

[Physician's Name]

[Provider Identification Number]

Enclosure(s): **(attach as appropriate)** Letter of Medical Necessity and or relevant labs

This content is not intended for healthcare professionals or patients outside of the US.

JB08705US | September 2023