

[Physician's letterhead]

[Date]

[Name of Health Insurance Company]

[PO Box or Street Address]

[City], [State] [Zip Code]

Re: [Patient name]

Policy Number: []

Group Number: []

To Whom It May Concern:

[Patient Name] is a patient under my care for [disease]. She/he was first diagnosed with [disease] on [date of diagnosis]. [Include a description of investigation leading to diagnosis and any treatment that followed the diagnosis.]

At this time, I plan to start [patient name] on a course of treatment with HALAVEN[®] (eribulin mesylate) Injection 0.5mg per mL.

[Patient Name] will be treated with [1.4 mg/m² on days 1 and 8 in a 21 day cycle] over [number of cycles].

[Include statement as to how the patient's disease is impacting the patient's health].

In my professional opinion, HALAVEN[®] is medically necessary and is an appropriate drug for my patient at this time. Enclosed is the package insert for HALAVEN[®].

Please feel free to contact me if you require additional information. Enclosed you will find the patient's [list of pertinent enclosures such as pathology reports, other findings, prior medication flow sheets, and chart notes].

Sincerely,

[Physician Name. Signature]

Enclosures:

- Copies of Patient Medical Records
- HALAVEN[®] Prescribing Information