

Information for Doctors: Letter of Medical Necessity Checklist

Your patient has applied for and been denied health plan coverage for the BMS Oncology product you wish to prescribe. Your *Letter of Medical Necessity* will be critical to the appeals outcome. Please consider whether your letter covers the following points:

- ⇒ Patient name
- ⇒ Patient ID or HIC #
- ⇒ Initial date of diagnosis
- ⇒ Specific cell-type per pathology report, including documentation of metastasis, if applicable
- ⇒ Current treatment rendered, including all drugs, dosages, and schedules
- ⇒ Response to treatment being appealed
- ⇒ For prior treatment given, list all drugs, dosages, schedules, clinical responses, and reason for discontinuation

Access Support[®], the Bristol-Myers Squibb Access and Reimbursement services program, offers patient assistance support, benefits review, prior authorization assistance, and appeals assistance. Site Care Coordinators are available **Monday through Friday, from 8:00 A.M. to 8:00 P.M. ET at 1-800-861-0048**, to assist oncology offices with access and reimbursement questions regarding their insured and uninsured patients. You can also find information online at www.bmsaccesssupport.com