**[Date]**

**[Payer Name]**

**[Payer Representative]**

**[Payer Address]**

**[City, State, ZIP Code]**

**[Payer Fax Number]**

Attn: [Contact Name of Medical Director or another Payer Representative],

Attn: [Department]

Re:

|  |  |
| --- | --- |
| Coverage of REBYOTA | Patient Date of Birth: [Patient Date of Birth] |
| Subscriber: [Subscriber’s First and Last Name] | Planned Treatment Date: [Treatment Date] |
| Patient Name: [Patient’s First and Last Name] | PA #: [PA Number] |
| Policy#/Patient ID: [Policy Number/Patient’s ID]  [ICD-10 Code and Description] | Group#: [Group Number] |
|  |  |

Dear [Medical/Pharmacy Director],

I am writing this letter on behalf of my patient, [Patient’s Name] to request expedited approval of REBYOTA [fecal microbiota, live-jslm]. [If prior authorization or a CMS 1450/1500 Billing Form has been submitted previously, indicate date of submission and the outcome].Rebyota [NDC 55566-9800-2] is medically necessary based on several key patient factors.

The patient is [age, gender] who was previously diagnosed with a C. difficile infection [CDI] based on their medical history [insert any other diagnostics if relevant]. [If applicable insert Patient was previously discharged from hospital care on DATE]. The patient is currently on [insert antibiotic treatment regimen] that will conclude on [insert date]. Based on the antibiotic conclusion date my patient has been scheduled to receive Rebyota on [insert date].

Based on the increased risk for an additional CDI infection, there is urgency in initiating treatment and having approval prior to their scheduled instillation date. As such, I am requesting expedited approval in order to treat my patient with Rebyota in a timely fashion.

Please call my office at [Office Phone Number] if any additional information is required to ensure prompt approval for this course of treatment. Given the severity of my patient’s disease, treatment should be provided as soon as possible.

Sincerely,

[Physician Signature]

[List enclosures as appropriate: Examples of enclosures include excerpt[s] from patient’s medical record, clinical studies, relevant treatment guidelines, and product Prescribing Information.]