

Preparing a Coverage Authorization Appeals Letter

The following information is presented as a guide for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Eli Lilly and Company, with the use of the information contained herein, does not guarantee success in obtaining insurance payments. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call the Lilly Oncology Support Center at 1-866-472-8663.

If the patient's initial claim or Coverage Authorization Request Letter is denied by the patient's health plan, the payer may require a Coverage Authorization Appeals Letter. Depending on the plan, there may be varying levels of appeals. If you are uncertain about a plan's appeal levels or specific procedures, always refer to the plan's appeal guidelines.

This resource, **Preparing a Coverage Authorization Appeals Letter**, provides information to healthcare providers (HCPs) when appealing a coverage authorization decision for a patient's plan. Included on the following page is a list of considerations that can be followed when creating a Coverage Authorization Appeals Letter. In addition, 2 sample letters are attached to this document and feature information that many plans require to process a coverage authorization appeal. Follow the patient's plan requirements when requesting Jaypirca, otherwise treatment may be delayed.

A **Coverage Authorization Appeals Letter** originates from the patient and the prescribing HCP.* It should be submitted with 2 additional items: the patient's medical records and a Letter of Medical Necessity. Also see **Composing a Letter of Medical Necessity** for more information.

*For Medicare beneficiaries, specific requirements must be met for the HCP to be considered a legal representative of the patient in an appeal. For additional information, please visit <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>.

Indication

Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

BTK=Bruton's tyrosine kinase.

Select Important Safety Information

Infections: Fatal and serious infections (bacterial, viral, or fungal) and opportunistic infections have occurred in patients treated with Jaypirca. In the clinical trial, Grade ≥ 3 infections occurred in 17% of 583 patients with hematologic malignancies, most commonly pneumonia (9%); fatal infections occurred in 4.1% of patients. Sepsis (4.5%) and febrile neutropenia (2.9%) occurred. Opportunistic infections included *Pneumocystis jirovecii* pneumonia and fungal infection. Consider prophylaxis, including vaccinations and antimicrobial prophylaxis, in patients at increased risk. Monitor patients for signs and symptoms of infection; based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Please see Important Safety Information on pages 5-7 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.



Preparing a Coverage Authorization Appeals Letter

Coverage Authorization Requests: Guidance and Recommendations

1. Include the patient's full name, date of birth, and plan identification number.
2. Add the prescribing HCP's National Provider Identifier (NPI) number and specialty.
3. Disclose that you are familiar with the plan's policy. Clearly document the basis for the plan's denial within the letter, along with case identification number from the initial denial letter.
4. Provide a copy of the patient's records with the following details:

Patient must have a diagnosis for an indication of Jaypirca. Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.
5. Document prior treatments, the duration of each, and the rationale for discontinuation.
6. Explain why the plan's preferred formulary agents and/or denial rationale(s) are not appropriate for the patient.
7. Provide the clinical rationale for treatment; this information may be found in the Jaypirca Prescribing Information and/or clinical peer-reviewed literature.
8. Summarize your recommendation at the end of the letter.
9. Include a Letter of Medical Necessity.



Preparing a Coverage Authorization Appeals Letter

HCPs can utilize this format for patients who are **NOT** currently receiving treatment with Jaypirca (pirtobrutinib).

[Date]

[Prior Authorization/Appeals Department]

[Name of health plan]

[Mailing address]

Re: [Patient's name]

[Plan identification number]

[Date of birth]

To whom it may concern:

We have reviewed and recognize your guidelines for the responsible management of medications within this class. We are requesting that you reassess your recent denial of Jaypirca (pirtobrutinib) coverage. We understand that the reason for your denial is **[copy reason verbatim from the plan's denial letter]**. However, we believe that Jaypirca 200 mg orally once daily is the appropriate treatment for the patient. In support of our recommendation for Jaypirca treatment, we have provided an overview of the patient's relevant clinical history below.

Patient's history, diagnosis, condition, and symptoms*:

Patient must have a diagnosis for an indication of Jaypirca. Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.

Past Treatments[†]

Start/Stop Dates

Reason(s) for Discontinuation

Past Treatments [†]	Start/Stop Dates	Reason(s) for Discontinuation
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Please detail all that apply and add additional lines as needed.]

[Provide clinical rationale for this treatment; this information may be found in the Jaypirca Prescribing Information and/or clinical peer-reviewed literature.]

[Insert your recommendation summary here, including your professional opinion of the patient's likely prognosis or disease progression without treatment with Jaypirca.]

Please feel free to contact me, [HCP's name] at [office phone number], or [patient's name] at [patient's phone number], for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,

[Physician's name and signature]

[Physician's medical specialty]

[Physician's NPI #]

[Physician's practice name]

[Phone #]

[Fax #]

[Patient's name and signature]

Encl: Medical records

Clinical trial information

Letter of Medical Necessity

When appealing a plan's step edit therapy requirement, consider providing statements indicating why these requirements are inappropriate for the patient, including contraindications and examples of previous therapy trials/failures due to lack of response or drug intolerance.

*Include patient's medical records and supporting documentation.

†Identify drug name, strength, dosage form, and therapeutic outcome.



Preparing a Coverage Authorization Appeals Letter

HCPs can utilize this format for patients who **HAVE** been treated with Jaypirca (pirtobrutinib) and have had treatment interruption.

[Date]

[Prior Authorization/Appeals Department]

[Name of health plan]

[Mailing address]

Re: [Patient's name]

[Plan identification number]

[Date of birth]

To whom it may concern:

We have reviewed and recognize your guidelines for the responsible management of medications within this class. We are requesting that you reassess your recent denial of Jaypirca (pirtobrutinib) coverage. We understand that the reason for your denial is [**copy reason verbatim from the plan's denial letter**]. However, we believe that Jaypirca 200 mg orally once daily is the appropriate treatment for the patient. In support of our recommendation for Jaypirca treatment, we have provided an overview of the patient's relevant clinical history below.

[In this section, describe the clinical presentation of the disease at the time when the patient was first prescribed Jaypirca. In addition, include summary of patient response and improvements (if any). It may be necessary to review past medical records to gather this information.]

Patient's history, diagnosis, condition, and symptoms*:

Patient must have a diagnosis for an indication of Jaypirca. Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.

Past Treatments[†]

Start/Stop Dates

Reason(s) for Discontinuation

Past Treatments [†]	Start/Stop Dates	Reason(s) for Discontinuation
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Please detail all that apply and add additional lines as needed.]

[Provide clinical rationale for this treatment; this information may be found in the Jaypirca Prescribing Information and/or clinical peer-reviewed literature.]

[Insert your recommendation summary here, including your professional opinion of the patient's likely prognosis or disease progression without treatment with Jaypirca.]

Please feel free to contact me, [HCP's name] at [office phone number], or [patient's name] at [patient's phone number], for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,

[Physician's name and signature]

[Physician's medical specialty]

[Physician's NPI #]

[Physician's practice name]

[Phone #]

[Fax #]

[Patient's name and signature]

Encl: Medical records

Clinical trial information

Letter of Medical Necessity

When appealing a plan's step edit therapy requirement, consider providing statements indicating why these requirements are inappropriate for the patient, including contraindications and examples of previous therapy trials/failures due to lack of response or drug intolerance.

*Include patient's medical records and supporting documentation.

[†]Identify drug name, strength, dosage form, and therapeutic outcome.



Important Safety Information for Jaypirca (pirtobrutinib)

Infections: Fatal and serious infections (including bacterial, viral, or fungal) and opportunistic infections have occurred in patients treated with Jaypirca. In the clinical trial, Grade ≥ 3 infections occurred in 17% of 583 patients with hematologic malignancies, most commonly pneumonia (9%); fatal infections occurred in 4.1% of patients. Sepsis (4.5%) and febrile neutropenia (2.9%) occurred. Opportunistic infections after Jaypirca treatment included, but are not limited to, *Pneumocystis jirovecii* pneumonia and fungal infection. Consider prophylaxis, including vaccinations and antimicrobial prophylaxis, in patients at increased risk for infection, including opportunistic infections. Monitor patients for signs and symptoms, evaluate promptly, and treat appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Hemorrhage: Fatal and serious hemorrhage has occurred with Jaypirca. Major hemorrhage (Grade ≥ 3 bleeding or any central nervous system bleeding) occurred in 2.4% of 583 patients with hematologic malignancies treated with Jaypirca, including gastrointestinal hemorrhage; fatal hemorrhage occurred in 0.2% of patients. Bleeding of any grade, excluding bruising and petechiae, occurred in 14% of patients. Major hemorrhage occurred in patients taking Jaypirca with (0.7%) and without (1.7%) antithrombotic agents. Consider risks/benefits of co-administering antithrombotic agents with Jaypirca. Monitor patients for signs of bleeding. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca. Consider benefit/risk of withholding Jaypirca 3-7 days pre- and post-surgery depending on type of surgery and bleeding risk.

Cytopenias: Grade 3 or 4 cytopenias, including neutropenia (24%), anemia (11%), and thrombocytopenia (11%) have developed in patients with hematologic malignancies treated with Jaypirca. In a clinical trial, Grade 4 neutropenia (13%) and Grade 4 thrombocytopenia (5%) developed. Monitor complete blood counts regularly during treatment. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Atrial Fibrillation and Atrial Flutter: Atrial fibrillation or atrial flutter were reported in 2.7% of patients, with Grade 3 or 4 atrial fibrillation or flutter reported in 1% of 583 patients with hematologic malignancies treated with Jaypirca. Patients with cardiac risk factors such as hypertension or previous arrhythmias may be at increased risk. Monitor for signs and symptoms of arrhythmias (e.g., palpitations, dizziness, syncope, dyspnea) and manage appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Second Primary Malignancies: Second primary malignancies, including non-skin carcinomas, developed in 6% of 583 patients with hematologic malignancies treated with Jaypirca monotherapy. The most frequent malignancy was non-melanoma skin cancer (3.8%). Other second primary malignancies included solid tumors (including genitourinary and breast cancers) and melanoma. Advise patients to use sun protection and monitor for development of second primary malignancies.

Embryo-Fetal Toxicity: Based on animal findings, Jaypirca can cause fetal harm in pregnant women. Administration of pirtobrutinib to pregnant rats during organogenesis caused embryo-fetal toxicity, including embryo-fetal mortality and malformations at maternal exposures (AUC) approximately 3-times the recommended 200 mg/day dose. Advise pregnant women of potential risk to a fetus and females of reproductive potential to use effective contraception during treatment and for one week after last dose.

Please see Important Safety Information continued on pages 6 and 7 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.

 **Jaypirca™**
pirtobrutinib 50, 100 mg tablets



Important Safety Information for Jaypirca (pirtobrutinib) (continued)

Adverse Reactions (ARs) in Patients with Mantle Cell Lymphoma who received Jaypirca

Serious ARs occurred in 38% of patients. Serious ARs occurring in $\geq 2\%$ of patients were pneumonia (14%), COVID-19 (4.7%), musculoskeletal pain (3.9%), hemorrhage (2.3%), pleural effusion (2.3%), and sepsis (2.3%). **Fatal ARs** within 28 days of last dose of Jaypirca occurred in 7% of patients, most commonly due to infections (4.7%), including COVID-19 (3.1%).

Dose modifications and discontinuations: ARs led to dosage reductions in 4.7%, treatment interruption in 32%, and permanent discontinuation of Jaypirca in 9% of patients. ARs resulting in dosage modification in $>5\%$ of patients included pneumonia and neutropenia. ARs resulting in permanent discontinuation of Jaypirca in $>1\%$ of patients included pneumonia.

ARs (all grades %; Grade 3-4 %) in $\geq 10\%$ of patients: fatigue (29; 1.6), musculoskeletal pain (27; 3.9), edema (19; 0.8), diarrhea (19; -), dyspnea (17; 2.3), pneumonia (16; 14), cough (16; -), bruising (16; -), peripheral neuropathy (14; 0.8), rash (14; -), fever (13; -), constipation (13; -), arthritis/arthritis (12; 0.8), hemorrhage (11; 3.1), abdominal pain (11; 0.8), nausea (11; -), upper respiratory tract infections (10; 0.8), dizziness (10; -).

Select laboratory abnormalities (all grades %; Grade 3 or 4 %) that worsened from baseline in $\geq 10\%$ of patients: hemoglobin decreased (42; 9), platelet count decreased (39; 14), neutrophil count decreased (36; 16), lymphocyte count decreased (32; 15), creatinine increased (30; 1.6), calcium decreased (19; 1.6), AST increased (17; 1.6), potassium decreased (13; 1.6), sodium decreased (13; -), lipase increased (12; 4.4), alkaline phosphatase increased (11; -), ALT increased (11; 1.6), potassium increased (11; 0.8). Grade 4 laboratory abnormalities in $>5\%$ of patients included neutrophils decreased (10), platelets decreased (7), lymphocytes decreased (6).

All grade ARs with higher frequencies in the total BRUIN population of patients with hematologic malignancies (n=583) were decreased neutrophil count (41%), bruising (20%), diarrhea (20%).

Drug Interactions

Strong CYP3A Inhibitors: Concomitant use with Jaypirca increased pirtobrutinib systemic exposure, which may increase risk of Jaypirca adverse reactions. Avoid use of strong CYP3A inhibitors during Jaypirca treatment. If concomitant use is unavoidable, reduce Jaypirca dosage according to the approved labeling.

Strong or Moderate CYP3A Inducers: Concomitant use with Jaypirca decreased pirtobrutinib systemic exposure, which may reduce Jaypirca efficacy. Avoid concomitant use of Jaypirca with strong or moderate CYP3A inducers. If concomitant use with moderate CYP3A inducers is unavoidable, increase Jaypirca dosage according to the approved labeling.

Sensitive CYP2C8, CYP2C19, CYP3A, P-gp, or BCRP Substrates: Concomitant use with Jaypirca increased their plasma concentrations, which may increase risk of adverse reactions related to these substrates for drugs that are sensitive to minimal concentration changes. Follow recommendations for these sensitive substrates in their approved labeling.

Please see Important Safety Information continued on page 7 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.

 **Jaypirca™**
pirtobrutinib 50, 100 mg
tablets



Important Safety Information for Jaypirca (pirtobrutinib) (continued)

Use in Special Populations

Pregnancy and Lactation: Inform pregnant women of potential for Jaypirca to cause fetal harm. Verify pregnancy status in females of reproductive potential prior to starting Jaypirca and advise use of effective contraception during treatment and for one week after last dose. Presence of pirtobrutinib in human milk and effects on the breastfed child or on milk production is unknown. Advise women not to breastfeed while taking Jaypirca and for one week after last dose.

Geriatric Use: In the pooled safety population of patients with hematologic malignancies, 392 (67%) were ≥ 65 years of age. Patients aged ≥ 65 years experienced higher rates of Grade ≥ 3 ARs and serious ARs compared to patients < 65 years of age.

Renal Impairment: Severe renal impairment (eGFR 15-29 mL/min) increases pirtobrutinib exposure. Reduce Jaypirca dosage in patients with severe renal impairment according to the approved labeling. No dosage adjustment is recommended in patients with mild or moderate renal impairment.

Please click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.

PT HCP ISI MCL APP

Reference: Jaypirca (pirtobrutinib). Prescribing Information. Lilly USA, LLC.

