

SAMPLE LETTER OF MEDICAL NECESSITY
FOR PROMETHEUS® TPMT Genetics

(Please edit appropriately based on your patient's medical history and treatment experience.)

<DATE>

John Smith, Medical Director
Red Cross Red Shield
P.O. Box 12345
Los Angeles, CA 90060

Dear Dr. Smith:

I am writing to request full coverage or at least in-network benefit coverage for the diagnostic test PROMETHEUS® TPMT Genetics for my patient, Jane Doe. I am Ms. Doe's gastroenterologist practicing at Sunnyvale Community Hospital in San Diego, CA. I consider this test a medically necessary step in the diagnosis and treatment of my patient.

PATIENT INFORMATION

Patient: Jane Doe
ID: XXX123456789
Provider: Ulysses Grant, MD
Date of service: July 4, 2005

My patient has inflammatory bowel disease-Crohn's disease.

(List information relevant to the patient's symptoms, treatment and test results if applicable)

TEST DESCRIPTION

PROMETHEUS TPMT Genetics classifies patients as one of three genotypes: homozygous normal (wild type), heterozygous or homozygous mutant. Because each patient metabolizes thiopurines differently, the efficacy and toxicity of thiopurines can vary widely from patient to patient. Knowledge of the TPMT genotype may: reduce time to response, allow physicians to individualize dosing, identify patients in whom thiopurine therapy should be avoided and help reduce the risk of leukopenia.

PROMETHEUS TPMT Genetics is performed only at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

NETWORK PROVIDER SERVICES

I chose Prometheus to perform PROMETHEUS TPMT Genetics instead of alternative in-network laboratory testing because Prometheus is one of only two laboratories that can provide this test and because of the information provided on their comprehensive report.

>AND/OR<

There is no in-network provider in my area willing to refer the test or able to provide comparable testing.

LABORATORY AND PHYSICIAN INFORMATION

For additional information about the PROMETHEUS® TPMT Genetics test contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please feel free to contact me at XXX-XXX-XXXX

REFERENCE MATERIALS

- Black A, et al. Thiopurine methyltransferase genotype predicts therapy-limiting severe toxicity from azathioprine. *Annals of Internal Medicine* 1998;129(9) 716-18
- Stolk J, et al. Reduced thiopurine methyltransferase activity and development of side effects of azathioprine treatment in patients with rheumatoid arthritis. *Arthritis and Rheumatism*. 1998;41(10)1858-1866
- Colombel JF, et al. Genotypic analysis of thiopurine s-methyltransferase in patients with Crohn's disease and severe myelosuppression during azathioprine therapy. *Gastroenterology*. 2000;118(6):1025-30
- Seidman E, Clinical use and practical application of TPMT enzyme and 6-mercaptopurine metabolite monitoring in IBD. *Gastroterol Disord*. 2003;3 Suppl 1:S30-8
- Dubinsky M, et al. A Cost-Effective Analysis of Alternative Disease Management Strategies in Patients with Crohn's Disease Treated with Azathioprine or 6-Mercaptopurine. *American Jf Gastroenterol*. 2005 Oct;100(10):2239-2247

Please approve full coverage for PROMETHEUS TPMT Genetics or at least apply in-network benefit coverage for this test.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Ulysses Grant, MD
Sunnyvale Community Hospital
12345 Sunnyvale Road
San Diego, CA 92121

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