

**This letter is only intended as a SAMPLE Prior Authorization Letter  
For ZEMDRI® (plazomicin)**

**INSTRUCTIONS: MUST BE ON PROVIDER'S LETTERHEAD AND MUST BE COMPLETED AND  
SUBMITTED BY THE PROVIDER**

<Date>

<Rx Plan Name>                      <Rx Plan Fax Number>  
<Rx Plan Representative>  
<Rx Plan Address>  
<City>, <State>, <ZIP Code>

**ATTENTION:** <Rx Plan Representative>

**ATTENTION:** <Department Name>

**Re:     Prior Authorization for ZEMDRI (plazomicin) use**

**Patient Name:**

**Policy ID Number:** <Patient's Policy No.> **Provider/Medicare Number:** <Provider/Medicare No.>

**Date of Birth:** <MM>/<DD>/<YYYY>

**Physician's Name:** <Physician's Name>   **Physician's Phone Number:** <Physician's Phone No.>

Dear <Medical/Pharmacy Director Name and/or Medical Review/Appeals>:

I am writing on behalf of <Patient's Name> (<Policy Number>) to request authorization for ZEMDRI. ZEMDRI is indicated for <Indication from Prescribing Information>.

My patient suffers from <Patient's Diagnosis> and is currently experiencing the following <Patient's Symptoms>. <Patient's Name>'s current condition is <list the clinical reasons that have led to the decision to initiate or continue therapy. In this rationale, include a description of the patient's disease state, treatment history, comorbid health issues, and any other factors that have influenced your treatment decision.>.

As a result, I am recommending the following ZEMDRI treatment for <Patient's Name>:

<Recommended Dose>

<Length of Treatment: It is best to be specific as not all payers accept indefinite treatment periods.>

The full prescribing information, including **BOXED WARNINGS**, for ZEMDRI can be found at [www.ZEMDRI.com](http://www.ZEMDRI.com).

In summary, ZEMDRI is appropriate and reasonable for <Patient's Name>'s medical condition. Please contact me if you have any questions or if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,

<Physician's Name>

<Title>

**ATTACHMENTS TO CONSIDER:**

- ZEMDRI approved Prescribing Information
- Patient clinical notes and any other relevant supporting documentation