

## [PROVIDER LETTERHEAD]

[Date]

[Contact Name]  
[Name]

[Insurance Company]

[Insurance Address]

[Insurance City, State Zip]

Re: [Patient First Name] [Patient Last

[Policy Number]

[Group Number]

[Diagnosis]

### Authorization for HEPLISAV-B™ [Hepatitis B Vaccine (Recombinant), Adjuvanted]

Dear [Payer contact name or 'Insurance Company Payer Department']:

Please see the enclosed documentation demonstrating the medical necessity of HEPLISAV-B. My patient, [patient name] fits within the ACIP recommendations for the Hepatitis B vaccine. I have prescribed HEPLISAV-B for which I would appreciate prompt review of the information and authorization.

#### Patient's Clinical History

[Patient's name] is a [age]-year-old [male/female] who requires vaccination against the hepatitis B virus. [His/her] [disease/risk factors/co-morbidities/vocational necessity] necessitates this treatment. [Describe any prior treatments and underlying medical complications here].

#### Treatment Plan

The recommended dose of HEPLISAV-B is 2 doses (0.5 mL each) given intramuscularly one month apart.

Please review this information promptly for authorization for HEPLISAV-B treatment. Kindly contact me at [phone number] if you need any additional information or would like to discuss this further. Thank you for your prompt attention to this matter and for your consideration and anticipated approval for HEPLISAV-B.

HEPLISAV-B is indicated for prevention against infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older. Full Prescribing Information and Important Safety Information for HEPLISAV-B can be found at [HeplisavB.com](http://HeplisavB.com).

If you have any questions about HEPLISAV-B, please call the HEPLISAV-B Access Navigator program at 1-84-HEPLISAV (1-844-375-4728), Monday through Friday, 8:00am – 8:00pm ET.

Sincerely,

[Treating Provider Signature]

[Treating Provider First Name] [Treating Provider Last Name], [Treating Provider Title]

Enclosures [suggested]:

HEPLISAV-B Approval Letter and Package Insert

Supportive Medical Records