

SAMPLE LETTER OF APPEAL: FORMULARY EXCEPTION

<Date>

<Payer Name>

<Payer Address>

Attn: <Appeals Department>

Re: <Patient Name>

<Policy ID/Group Number>

<Date of Service>

<Disputed Amount>

To Whom It May Concern:

I am writing to request that a formulary exception be granted for <Patient Name> for the administration of FIRAZYR[®] (icatibant injection) for the treatment of acute attacks of Hereditary Angioedema (HAE) in adults 18 years of age and older. <Payer Name> does not include FIRAZYR on the approved formulary list. FIRAZYR was approved by the US Food and Drug Administration on August 25, 2011.

<Patient Name> has been diagnosed with HAE and I believe that FIRAZYR is the appropriate treatment. It is imperative that a formulary exception be made for my patient. In my clinical judgment, treatment with FIRAZYR is medically necessary. <Provide clinical justification for the use of FIRAZYR>.

I have enclosed additional documentation that supports treatment with FIRAZYR. In the best interest of my patient, I appreciate your immediate review and ask that a formulary exception be granted. If you have any further questions, please feel free to call me at <Physician Telephone #> to discuss.

Thank you in advance for your immediate attention to this request.

Sincerely,

<Physician Name>

<Enclosures: formulary exception form (if required, available on the payer's website), original claim form and subsequent denial/EOB (if relevant), patient medical history, full Prescribing Information, additional supporting documents>