Sample Patient Letter of Appeal

If your health insurance plan denies coverage for Redemplo® (plozasiran) 25 mg, you can appeal this decision. The following sample letter is intended to be an example to help you create a letter of appeal to send to your health insurance company. All bracketed pink content needs to be filled out based on the details of each specific appeal. Be sure to review and understand your health plan's submission requirements and process (online vs fax). Consider reviewing your letter with your doctor before submitting it to your health plan.

This sample letter and related information are provided for informational purposes only. It is not intended to be construed as providing medical, legal or reimbursement advice. In no way does the provision of this sample letter provide any promise or guarantee of coverage or payment. It is strictly your responsibility to complete your letter of appeal in accordance with your best judgment. Always check to see if your health insurance has their own template for you to follow when submitting a letter of appeal.

INDICATION

REDEMPLO® (plozasiran) is a prescription medicine used together with a low-fat diet to reduce triglycerides (fat in the blood) in adults with familial chylomicronemia syndrome (FCS), a condition that keeps the body from breaking down fats. It is not known if REDEMPLO is safe and effective in children.

IMPORTANT SAFETY INFORMATION

Before you start using REDEMPLO, tell your healthcare provider about all your medical conditions, including if you are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. It is not known if REDEMPLO could harm your unborn baby, or if it passes into your breast milk and could harm your breastfeeding baby.

Tell your healthcare provider or pharmacist about any prescription and over-the-counter medicines, vitamins, or herbal supplements you take.

What are the possible side effects of REDEMPLO?

The most common side effects of REDEMPLO include increased blood sugar levels, headache, nausea, and injection site reactions (pain, redness, or swelling).

These are not all the possible side effects of REDEMPLO. Tell your healthcare provider or treatment team if you have any side effect that bothers you or that does not go away.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/safety/medwatch, or call 1-800-FDA-1088.

Please see full Prescribing Information and Patient Product Information for REDEMPLO.

[Date]

Attention:
[Name of health insurance company]
[PO Box or street address]
[City], [State] [Zip code]
[Phone]
[Fax]

Regarding:
[Patient Name]
[Patient DOB]
Policy number: [Number]
Group number: [Number]
[Medicaid number:] [Number]
[Medicare Beneficiary Identifier:] [Number]

RE: Appeal for coverage denial of Redemplo® (plozasiran)

[[Dear [Medical Director/Contact Name]]/[To whom it may concern]],

I am writing to appeal your decision not to cover Redemplo® (plozasiran) 25 mg that was prescribed by my doctor. The denial letter that I, [your name], received on [MM/DD/YYYY] stated that Redemplo was not covered because [reason(s) for denial mentioned in denial letter]. I have reviewed this letter with my doctor, Dr [doctor's name], and I am asking you to reconsider this decision.

I was diagnosed with Familial Chylomicronemia Syndrome (FCS) in [month year] by Dr [doctor's name]. Dr [doctor's name] and I think that Redemplo is the right choice for me based on my condition, the treatments I have tried, my current treatment options, and the convenience of Redemplo having quarterly dosing.

[Include reason(s) why you believe you need treatment with this medication, referencing the reason(s) for denial if possible:

- Highly restrictive diet has not been enough to reduce triglycerides/avoid acute pancreatitis
- Triglyceride levels are consistently ≥880 mg/dL
- Any missing/incorrect info in the prior authorization has been added/fixed]

[Consider listing your medical and treatment history, including:

- Basis of diagnosis of FCS
- Dates of labs where your fasting triglyceride levels were ≥880 mg/dL:
  – XXX mg/dL on DD/MM/YY
  – XXX mg/dL on DD/MM/YY
  – XXX mg/dL on DD/MM/YY]
- Dates of acute pancreatitis episodes (not caused by alcohol or gallstones):
  – DD/MM/YYYY
  – DD/MM/YYYY
  – DD/MM/YYYY]
- Dates you were hospitalized or received emergency department care for severe abdominal pain without other explainable cause:
  – DD/MM/YYYY
  – DD/MM/YYYY
  – DD/MM/YYYY]
- History of childhood pancreatitis
- Family history of hypertriglyceridemia-induced acute pancreatitis
- Brief description of your current medical condition
- Your previous and current treatments, and any issues with those treatments, like side effects]

Please review this letter and consider covering Redemplo. If you need any more information, you can reach me at [phone number and/or email address].

Thank you for your attention on this matter. I look forward to hearing from you.

Sincerely,

[Name]

[Phone number]

[Email address]

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