ON OFFICE LETTERHEAD INCLUDING PROVIDER NAME AND ADDRESS

SAMPLE LETTER OF APPEAL: CLAIM DENIAL

<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 an appeal of the claim denial for <Patient Name> for the administration of TAKHZYRO® (lanadelumab-flyo). TAKHZYRO was approved by the U.S. Food & Drug Administration (FDA) in August 2018 and is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients 12 years and older. In February 2023, the U.S. FDA approved the expanded use of TAKHZYRO® for prophylaxis to prevent attacks of hereditary angioedema (HAE) in pediatric patients 2 to <12 years of age.

<Payer Name> has indicated that the reason for the denial, which was explained on the <Explanation of Benefits or Remittance Advice>, was <list reason(s) for denial>. I disagree with this decision and request that this claim denial be reversed.

My patient, who has been diagnosed with HAE, began treatment with TAKHZYRO on <Date>. In my clinical judgment, treatment with TAKHZYRO is medically necessary. <Provide clinical justification for treatment>.

I have enclosed additional documentation that supports treatment with TAKHZYRO. I would appreciate your reconsideration of this claim and ask that you consider reversing your decision. 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>