ON OFFICE LETTERHEAD INCLUDING PROVIDER NAME AND ADDRESS

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 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> does not include TAKHZYRO on the approved formulary list.

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

I have enclosed additional documentation that supports treatment with TAKHZYRO. 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>