

Instructions: This template is offered as a resource a healthcare provider could use when responding to a request from a patient’s insurance company to provide a letter of medical necessity for prescribing AstraZeneca or MedImmune medicines. **Attachments to be included with the letter of exception are [original claim form, copy of denial or explanation of benefits, and any other additional supporting documents.]** If you need additional references, please contact our AstraZeneca Information Center at 1-800-236-9933.

Use of the letter does not guarantee that the insurance company will provide reimbursement for AstraZeneca or MedImmune medicines and is not intended to be a substitute for or an influence on the independent medical judgment of the healthcare provider.

Sample Letter of Exception (Formulary or Plan Exclusion)

(Healthcare Provider Letterhead)

Date: [Date]

Payer Name: [Payer Name]

Payer Address: [Payer Address]

City, State, ZIP Code: [City, State, ZIP Code]

Payer Phone and Fax Number: [Payer Phone and Fax Number]

Patient Name: [Patient Name]

Patient Date of Birth: [Patient Date of Birth]

Policy Number: [Policy Number]

Group Number: [Number]

RE: Formulary exception for FASENRA® (benralizumab) Subcutaneous Injection 30 mg

Dear [Name of the Contact Person at the Payer]:

I am writing on behalf of my patient, [Name of Patient], to request a formulary exception to receive treatment with FASENRA which has been prescribed to treat [indication for prescription]. My request is supported by the following:

Patient History and Diagnosis:

[Provide a brief description of the patient’s medical condition here]

[Include a short summary of the patient’s medical history]

[Explain why you believe it is medically necessary for patient to receive this medicine. Include the following:

- Diagnosis and date
- Documentation of failure of past treatments, including high-dose inhaled corticosteroids and/or additional controller medications
- Include pertinent test and lab results, with a note to explain rationale for abnormal results or counts [steroid use, previous biologic -possibly currently on FASENRA]
- Include all test results that indicate failure of past treatments
- Extenuating circumstances that would preclude alternatives to FASENRA
- If patient was previously prescribed FASENRA, document patient condition prior to treatment, post treatment, and potential consequences to patient condition if forced to use alternative medication
- Indicate your professional opinion of the patient's likely prognosis or disease progression without treatment
- Clinical studies that support your prescribing of FASENRA for this patient]

Summary:

[Insert summary statement for rationale for treatment such as: Considering the patient's history, condition, and full prescribing information supporting uses of FASENRA, I believe treatment with FASENRA at this time is medically necessary and should be covered and reimbursed service. You may consider including documents that provided additional clinical information to support the recommendation for FASENRA for this patient, such as full prescribing information, peer reviewed journal articles, or clinical guidelines.]

[Given the urgent nature of this request,] I would appreciate a prompt review of this information and authorization of FASENRA by a [peer allergist/pulmonologist.] I can be reached at [Provider Phone Number] or by fax at [Provider Fax number] for additional information and discussion. Thank you for your consideration.

Sincerely,

[Physician's Name]

[Physician's Practice Name]

Enclosures

[Include medicine Prescribing Information]

[Include full Prescribing Information, including Patient Information]

References

[Include medicine Prescribing Information]

[Include other relevant references and publications regarding medicine]

[Copy of patient denial letter, if applicable]

[Clinical progress notes]

[Patient's lab results]

[Documentation of hospitalization/emergency room visits and or unscheduled office visits]

[Lists of sample medications provided, including dosages, dates used, and if samples were given]