

Letter of Medication Formulary Exception
[Include on office letterhead]

[DATE]
[PAYER NAME]
[PAYER ADDRESS]

Attn: [APPEALS DEPARTMENT] Expedited Review
Re: [PATIENT NAME]
[POLICY ID/GROUP NUMBER]

Dear [INSERT CONTACT]:

I am writing to request that a formulary exception be granted for [PATIENT NAME], who has been prescribed HAEGARDA[®], C1 Esterase Inhibitor Subcutaneous (Human) and has been diagnosed with Hereditary Angioedema (HAE). HAEGARDA is indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in patients 6 years of age and older.

[PAYER NAME]

- Does not include HAEGARDA on the preferred or approved formulary list
- Requires prior failure on [list agents] before the patient can receive HAEGARDA
- Failure on another HAE medication(s)

Medication name(s)

In my clinical judgment and considering [PATIENT'S NAME] history of illness, therapy with HAEGARDA is appropriate and medically necessary in order to manage this patient's illness.

Clinical justification for HAEGARDA use versus other HAE medication(s) (eg, plasma kallikrein, danazol or tranexamic acid):

- inadequate treatment response intolerance contraindication

NOTE: If androgen/antifibrinolytics specific

Is contraindicated because:

- < 16 years of age
- Of childbearing age (currently pregnant or may become pregnant)
- Breastfeeding
- Thrombophilia, increased thrombotic risk, or acute thrombosis, (eg, DVT or PE)
- Other: _____

Is intolerant because:

- Markedly impaired hepatic, renal, or cardiac function
- Porphyria
- Androgen-dependent tumor
- Active thrombosis or history of thromboembolic disease
- Undiagnosed abnormal genital bleeding
- Other: _____

Based on the information supplied, the therapy I have chosen for my patient is warranted, appropriate and medically necessary. I respectfully request that you approve this formulary exception request and that my patient

be given authorization to [begin/remain] on treatment with HAEGARDA as soon as possible. If you have any questions or need additional information, please contact me at [HCP PHONE NUMBER] to discuss further. Thank you for your immediate attention to this request.

Sincerely,
[HCP FIRST NAME LAST NAME, [SUFFIX]]

Enclosures: Denial Letter, Supporting Labs & Medical Records