

Sample Letter of Appeal

Date
Contact Name
Insurance Company
Address
City, State Zip

Re: Patient Name
Policy Number
Group Number
Diagnosis

Dear [name or contact]:

This letter serves as a formal appeal for reconsideration of a denial for Benlysta® (belimumab), which was provided to [patient name] on [date of service]. [Patient name] has been under treatment for [diagnosis] since [date of onset]. [Insurance company name] has stated that Benlysta is not covered because [reason for denial].

Treatment Information

BENLYSTA is a B-lymphocyte stimulator (BLyS)-specific inhibitor indicated for the treatment of (1) patients aged 5 years and older with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy, and (2) patients aged 18 and older with active lupus nephritis receiving standard therapy.

Patient History and Diagnosis

[Patient name] is a [age]-year-old [male/female] who has been under treatment for [diagnosis] since [date]. During this time, [patient] has been treated with other therapies including [discuss previous therapies and patient's response to therapy]. [Continue with patient history and clinical support for medical necessity.]

In summary, I am requesting [an appeal/redetermination/reconsideration] of the denial of BENLYSTA for [patient name]. I believe BENLYSTA is appropriate and medically necessary for this patient and would appreciate your reconsideration. If you have any further questions about this matter, please contact me at [physician phone number] or via email at [physician email].

Sincerely,

[Physician name]

Enclosures (attach as appropriate):

FDA approval letter (available at <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>)

Prescribing Information (PI)

Clinic notes & labs

Previous documentation of Coverage Determinations

CC: (Medical Director, patient, specialty society, Insurance Commissioner)

Brackets indicate customizable fields to be filled out by healthcare provider.

1 Medical coverage policies established by payers are intended to guide appropriate medical use.

2 If a claim is denied, some payers may use a process called Same Specialist Review, which provides adjudication by a medical reviewer specializing in a particular disease.



Please contact the payer, your GSK Field Reimbursement Manager (FRM), or your dedicated Site Coordinator at **BENLYSTA Gateway** at **1-877-4-BENLYSTA (1-877-423-6597)**, Monday-Friday, 8am-8pm ET, if you need any information about how to submit a Letter of Appeal.