Sunharbo® (asundexian) 50 mg tablets

How to Use the Sample Letter of Appeal

The Sample Letter of Appeal on page 2 is intended for use as a template when a medical exception request for coverage of SUNHARBO® (asundexian) is rejected or denied.

A prescription for SUNHARBO may be rejected or denied as not covered by the patient's health plan. If a medical exception request is denied, an appeal may be required to secure coverage. Health plans will notify you of the reason the initial request for coverage was denied. Often, this can be corrected by providing complete and accurate information that was missing from the original submission. An appeal is a crucial step to ensure your patient has access to SUNHARBO.

Important Note: The template on the following page includes pink brackets indicating variable fields that should be replaced with the relevant patient, physician, and office information. When submitting the letter, all brackets in the template should be removed and your office letterhead should be used. This sample letter is offered as a model and is intended to be tailored according to the individual prescriber's and patient's needs.

To support the Appeal submission, please consider the checklist below:

- ☐ Include the patient's full name, date of birth, medical records and relevant prior treatments.
- ☐ Clinical rationale for treatment with SUNHARBO (clinical studies and relevant guidelines, and prescribing information).
- ☐ Letter of Medical Exception, available through your Bayer representative, or at https://www.sunharbohcp.com/access-and-support/resources
- ☐ Photocopies of the patient's benefit information and/or prescription insurance card.
- ☐ Copies of the denial letter along with the original claim/prescription request.
- ☐ Obtain and include the patient's authorization of information release.
- ☐ Verify the patient's benefit information to confirm the appeal is appropriate based on coverage criteria.
- ☐ Review and track plan-specific appeal requirements, including deadlines, submission methods, appeal limits, and required submitter.
- ☐ Contact the health plan's appeals department for guidance or clarification on the appeal process.
- ☐ Confirm the receipt of the appeal submission by following up on faxed requests or by using tracking for mailed submissions.

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MAC-ASUN-US-0023-1 11/26

Letter of Appeal for SUNHARBO® (asundexian)

[DATE]
[HEALTH PLAN NAME]
[HEALTH PLAN CONTACT NAME]
[HEALTH PLAN MAILING ADDRESS]

Patient: [PATIENT FULL NAME]
Date of Birth: [MM/DD/YYYY]
Policy Number: [PATIENT POLICY NUMBER]
Group Number: [PATIENT GROUP NUMBER]
Reference Number: [DENIAL REFERENCE NUMBER OR APPEAL NUMBER]

Re: Medical Appeal Request for SUNHARBO (asundexian)

To Whom It May Concern,

I am writing on behalf of my patient, [PATIENT FULL NAME], to appeal the denial for coverage of SUNHARBO® (asundexian) by [HEALTH PLAN NAME]. Based on the letter of denial, it is my understanding that SUNHARBO has been denied for the following reason[s]:

- [REASON(S) FOR DENIAL]

Based on my medical expertise, I ask that you reconsider this decision. It is my professional opinion that SUNHARBO is appropriate and necessary to treat the diagnosis of [DIAGNOSIS ICD-10 CODE]. I believe that [PATIENT FULL NAME] would benefit from SUNHARBO for the following reason[s]:

- [SUMMARY OF MEDICAL HISTORY AND RELEVANT POINTS]
- [PREVIOUS OR CURRENT MEDICATION HISTORY]
- [PREVIOUS OR CURRENT TREATMENT WITH SUNHARBO]

In summary, the attached documentation supports the request for treatment approval and reinforces my choice of SUNHARBO for [PATIENT FULL NAME]'s treatment. Please call my office at [OFFICE PHONE NUMBER] if further information is needed or if I can clarify my position so that [PATIENT FIRST NAME] can [BEGIN/CONTINUE] treatment.

Sincerely,

[PRESCRIBER NAME AND SIGNATURE]

Please find attached:
[INCLUDE A LIST OF SUPPORTING DOCUMENTATION BEING INCLUDED WITH THE SUBMISSION SUCH AS THE ORIGINAL CLAIM FORM, COPY OF DENIAL OR EXPLANATION OF BENEFITS (IF APPLICABLE), SUNHARBO PRESCRIBING INFORMATION, ANY CLINICAL STUDIES TO SUPPORT CHOICE OF MEDICATION, FDA APPROVAL LETTER, ETC.]