Sunharbo® (asundexian) 50 mg tablets

How to Use the Sample Letter of Medical Exception

The Sample Letter of Medical Exception on page 2 is intended for use as a template for requesting coverage of SUNHARBO® (asundexian) when a health plan does not cover a medication.

Each plan has its own medical exception process, so the required information may vary, and additional supporting evidence may be required. Providing as much supporting information as possible may help with the health plan's timely consideration of your request.

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.

To support you with a complete and accurate Medical Exception submission, please use the checklist below as a guide.

- ☐ Include patient's full name, date of birth, member ID, group number, and case number, if available.
- ☐ Document the prescriber's name, specialty, NPI, tax ID if needed, office address, phone, and fax.
- ☐ Provide a copy of the patient's records with the following details: patient's medical history (including relevant clinical and progress notes), diagnosis with specific ICD code, and condition.
- ☐ Add relevant guideline excerpts, peer-reviewed literature, or Prescribing Information (PI) only when they directly support the patient-specific rationale.
- ☐ State exactly what is being requested for approval and for which indication.
- ☐ Summarize objective findings such as imaging, clinical assessment, and other chart evidence supporting the treatment decision.
- ☐ List prior relevant pharmacologic therapies, including dose, duration, and treatment outcomes.
- ☐ Explain why the requested product is medically necessary for this specific patient and why the plan's preferred option is not clinically appropriate.
- ☐ Specify how the product will be used, including combination use if applicable, expected duration, and follow-up plan.
- ☐ Include chart notes, imaging or lab reports, medication history, prior denial letters, and any required prior authorization forms.

ICD = International Classification of Disease

© 2026 Bayer. Bayer, the Bayer Cross, and SUNHARBO are registered trademarks of Bayer.
100 Bayer Boulevard Whippany, NJ 07981.
MAC-ASUN-US-0020-1 11/26

Sample Letter of Medical Exception for SUNHARBO® (asundexian)

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

Patient: [PATIENT FULL NAME]
Subscriber ID: [#XXXXXXXXXX]
Subscriber Group ID: [#XXXXXXXXXXXXX]

Re: Medical Exception Request for SUNHARBO® (asundexian)

To Whom It May Concern,

I am writing to formally submit a request for a medical exception for [PATIENT FULL NAME] for SUNHARBO. It is my professional medical opinion that SUNHARBO is appropriate and necessary for this patient and should be covered and reimbursed for treatment.

I have overseen [PATIENT FIRST NAME]'s care for [PATIENT DIAGNOSIS] since [DIAGNOSIS DATE/DATE OF FIRST APPOINTMENT]. As part of this submission and request, please find attached [PATIENT FIRST NAME's] relevant medical history, my validation for this choice of treatment, [FDA APPROVAL LETTER], and the Prescribing Information for SUNHARBO.

Please consider the following as part of your review:

- [SUMMARY OF MEDICAL HISTORY AND RELEVANT POINTS]
- [PREVIOUS OR CURRENT MEDICATION HISTORY]
- [PREVIOUS OR CURRENT TREATMENT WITH SUNHARBO]
- [PAST THERAPY RESPONSE, INCLUDING ADVERSE EVENTS]
- [SUNHARBO PRESCRIBING INFORMATION AND RELEVANT CLINICAL TRIALS]

In summation, I believe the presented and attached information reinforces my choice of SUNHARBO for the treatment of [PATIENT FULL NAME] and supports the request for treatment approval.

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.]