How to Use the Sample Tiering Exception Letter

The Sample Tiering Exception Letter on page 2 is intended for use as a template when SUNHARBO® (asundexian) is included as a non-preferred option (with higher co-pay or co-insurance) on a health plan's formulary.

A Tiering Exception letter advocates for lower out-of-pocket costs by explaining why the treatment is medically necessary. This may be especially helpful for patients who are ineligible to participate in savings programs and may need assistance covering their drug costs. The health plan may grant approval for your patient to pay the lowest branded copay in place of the plan.

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.

Important Note: Not all plans allow tiering exceptions. For those that do, the required information may vary, and additional supporting evidence or rationale may be required. Health insurance plans may provide specific tier exception request forms that must be used when making the request. These forms may be downloaded from each plan's website.

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

- ☐ Include patient's full name, date of birth, medical records, and prior treatments, if available.
- ☐ Clinical rationale for treatment with SUNHARBO (e.g. relevant clinical trials 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.
- ☐ A statement of financial hardship, written and signed by your patient.

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Sample Tiering Exception Request Letter for SUNHARBO® (asundexian)

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

Insured: [FIRST AND LAST NAME]
Patient (if different from insured): [PATIENT FULL NAME]
Date of Birth: [MM/DD/YYY]
Policy Number: [PATIENT POLICY NUMBER]
Group Number: [PATIENT GROUP NUMBER]

Re: Tiering Exception Request for SUNHARBO® (asundexian)

Dear [HEALTH PLAN CONTACT NAME],

I am writing to request a tiering exception for my patient, [PATIENT FULL NAME], for their SUNHARBO® (asundexian) prescription. The cost associated with the assigned tier for SUNHARBO would present financial hardship and prevent them from accessing a medication that would help manage [PATIENT DIAGNOSIS].

I have enclosed a copy of the patient's medical records along with a Letter of Medical Exception. The letter details the reasons why SUNHARBO is medically necessary for [PATIENT FULL NAME]'s care over the preferred drugs listed in the plan's formulary.

Thank you in advance for your review and consideration for authorizing a tiering exception for this patient. 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,
[PHYSICIAN 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.]