

Payers may require prior authorization or supporting documentation to process and cover a claim for the requested therapy. A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific letter of medical necessity will help to explain the physician's rationale and clinical decision making in choosing a therapy. The following is a sample letter of medical necessity that can be customized based on your patient's medical history and physical examination. Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.

Please see Full Prescribing Information for KEVEYIS® (dichlorphenamide) at [www.KEVEYIS.com/PI](http://www.KEVEYIS.com/PI).

[Insert letterhead with physician name and address]

### **Sample Appeal Letter – Formulary Exception**

[Date]

[Payer Name]

[Payer Address]

Attn: [Appeals Department]

Re: [Patient Name]

[Policy ID/Group Number]

[Date of Service]

To Whom It May Concern:

I am writing to request a formulary exception be granted for [Patient Name] for treatment with KEVEYIS (dichlorphenamide) 50 mg tablets. [Payer Name] does not include KEVEYIS on the approved formulary list.

KEVEYIS was approved by the U.S. Food and Drug Administration in August 2015. KEVEYIS is an oral carbonic anhydrase inhibitor that was systematically studied in patients with Primary Periodic Paralysis.

KEVEYIS is the only FDA approved medication for the treatment of primary hyperkalemic periodic paralysis, hypokalemic periodic paralysis, and related variants.

[Patient Name] is diagnosed with [patient diagnosis]. I am a board-certified neurologist (if applicable), and I believe that KEVEYIS is the appropriate treatment. It is imperative that a formulary exception be made. In my clinical judgement, treatment with KEVEYIS is medically necessary because [list the clinical justification(s) for the use of KEVEYIS].

I have enclosed additional documentation that supports the need for treatment with KEVEYIS. In the best interest of my patient, I appreciate your immediate review and ask that a formulary exception be granted. If you have further questions, please feel free to call me at [telephone number] to discuss.

Thank you in advance for your immediate attention to this request.

Sincerely,

[Physician Name]

[Enclosures: full Prescribing Information, (suggested) formulary exception form if required (available on payer's website), original Prior Authorization Form, Denial Letter/EOB, patient medical history, any additional supporting documents]

KEV-0326 v2 03/2019