

A patient's health insurance plan/payer may deny a patient request for coverage for treatment with NUCALA® (mepolizumab). The decision can be appealed by a provider on behalf of the patient. When submitting an appeal to a patient's health insurance plan/payer, the provider can help explain the rationale and clinical decision-making behind the choice of a specific therapy.

The following letter of appeal template for NUCALA can be customized based on your patient's medical history and demographic information.

SAMPLE LETTER OF APPEAL

[Date]

[Plan/Payer Name]

[Payer street address]

[Payer city, state, ZIP code]

Re: Appeal Letter [HCPCS Code] [Drug Name, Billing Unit]

Patient: [Patient Full Name]

Group/Policy Number: [Patient group & policy number]

Date(s) of Service: [Date(s)]

Diagnosis: [Code & Description]

Dear [Insert payer contact name and/or department]:

I am writing to request that you reconsider your denial of coverage for NUCALA® (mepolizumab), which I have prescribed for my patient, [patient name/policy number].

[Patient name] has been under my treatment for diagnosis of [diagnosis information] since [date]. [Patient name] has tried [previous therapies] and [outcomes]. Due to the patient's clinical condition, the plan of treatment was to start the patient on NUCALA on [date]. The attached medical records document [patient name]'s clinical condition and the medical necessity for treatment with NUCALA.

NUCALA is indicated for the:

- add-on maintenance treatment of adult and pediatric patients aged 6 years and older with severe asthma and with an eosinophilic phenotype. NUCALA is not indicated for the relief of acute bronchospasm or status asthmaticus.
- add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients 18 years of age and older with inadequate response to nasal corticosteroids.
- add-on maintenance treatment for adult patients with chronic obstructive pulmonary disease (COPD) with an eosinophilic phenotype. NUCALA is not indicated for the relief of acute bronchospasm.
- treatment of adult patients with eosinophilic granulomatosis with polyangiitis (EGPA).
- treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause.

In summary, I am requesting [an appeal/redetermination/reconsideration] of the denial of NUCALA for [patient name]. I believe NUCALA 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].

Thank you for your time and consideration.

Sincerely,

[Physician's name], [degree initials], [physician's practice name]

Suggested Enclosures:

- Medical records and clinical notes and labs
- Denial documentation (from the patient's health insurance/payer)
- FDA approval letter available at:
<https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=browseByLetter.page&productLetter=N&ai=0>
- Prescribing Information (PI) - please also visit: https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Nucala/pdf/NUCALA-PI-PIL-IFU-COMBINED.PDF for full prescription information
- Important Safety Information