SAMPLE Letter of Appeal: Formulary Exception

<Physician Letterhead>

Date: <Current Date>

Payor Name: <Name of Insurance Company>

Address: <Address of Insurance Company>

Attn: <Appeals Department>

Re: <Patient Name>

Member ID: <Patient ID Number>

Group number: <Patient Group Number>

Date of Service <Date of Service>

Disputed Amount <Amount>

To Whom It May Concern:

I am writing to request that a formulary exception be granted for <Patient Name> for the administration of EKTERLY® (sebetralstat tablets) for the treatment of acute attacks of Hereditary Angioedema (HAE) in patients 12 years of age and older. <Payor Name> does not include EKTERLY on the approved formulary list. EKTERLY was approved by the US Food and Drug Administration on [June 17, 2025].

<Patient Name> has been diagnosed with HAE and I believe that EKTERLY is the appropriate treatment for the following reasons:

<Provide clinical justification for the use of EKTERLY>.

I have enclosed additional documentation that supports treatment with EKTERLY. In the best interest of my patient, I appreciate your immediate review and ask that a formulary exception be granted. If you have any further questions, please feel free to call me at <Physician Telephone #> to discuss.

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

Sincerely,

<Physician Name>

<Enclosures: formulary exception form (if required, available on the payer's website), original claim form and subsequent denial/EOB (if relevant), patient medical history, full Prescribing Information, additional supporting documents>