

[This appeal letter should be written on practice letterhead after fully reviewing the health plan's denial letter and medical policy]

[Date]:	Patient Name: [XXXXXXX]
[Insurance Company]	Policy #: [XXXXXXX]
[Street Address, City]	Group #: [XXXXXXX]
[State, ZIP Code]	Date of Birth: [XXXXXXX]

RE: Appeal Therapy Denial – Denial Reference # [insert insurer denial reference number]

To Whom It May Concern:

I am writing on behalf of [insert patient name], to request an Appeal for FILSPARI® (sparsentan) due to the following prior authorization denial:

- [insert insurer denial reference number]
- for [insert medication and treatment plan]
- submitted on [insert date of submission]
- denied on [insert date of denial].
- Treatment was denied for the following reason:
[insert reason for denial]

[Insert patient name] has been diagnosed with IgA nephropathy. [Address reasons for denial. See below for examples*]. I have reviewed the FILSPARI® (sparsentan) Prescribing Information, and FDA-approved Indication, and based on the clinical data available to date, it is my medical opinion that [insert patient name] is appropriate for FILSPARI® [include the drug NDC number].

Please contact me at [insert Physician's telephone and office email] if you have any questions. Please note the following attachments:

- [Payer Appeal Form (if required by payer)]
- Letter of Medical Necessity
- Relevant clinical documentation to support medication use – medical records, progress notes, and lab reports. For example, record of kidney biopsy, current proteinuria & eGFR levels, documented use of RAASi, REMS enrollment confirmation, etc.
- Prescribing Information
- Relevant Coverage Policies
- FDA Product Approval Letter]

Thank you for your consideration. Sincerely,

[Insert Physician's Name]

**Insurers deny treatment for various reasons. Carefully review your prior authorization (PA) submission for errors and omissions. For example, the insurer may require a lab report that was not included with the PA, the patient's name or insurance information may be incorrect, the patient's relevant medical history wasn't documented on the PA, the NDC number wasn't correct, etc.*