

A patient's health insurance/payer may deny a patient request for coverage for treatment with BENLYSTA (belimumab). A provider can appeal the decision 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 is a template letter of appeal for BENLYSTA that can be customized based on your patient's medical history and demographic information.*

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## SAMPLE LETTER OF APPEAL

[Date]  
[Plan/Payer Name]  
[Payer Street Address]  
[Payer city, state, ZIP code]  
Re: Appeal Letter for [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 [Name or Contact]:

I am writing to request that you reconsider your denial of coverage for BENLYSTA (belimumab), 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 BENLYSTA on [date]. The attached medical records document [patient name]'s clinical condition and the medical necessity for treatment with BENLYSTA.

BENLYSTA is indicated for [patients aged ≥5 with active systemic lupus erythematosus (SLE) or active lupus nephritis who are receiving standard therapy]. BENLYSTA is not recommended in patients with severe active central nervous system lupus].

In summary, I am requesting [an appeal/redetermination/reconsideration] of the denial of BENLYSTA for [patient name]. I believe BENLYSTA 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 [physical 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=B>
- Prescribing Information (PI) - please also visit  
[https://gskpro.com/content/dam/global/hcpportal/en\\_US/Prescribing\\_Information/Benlysta/pdf/BENLYSTA-PI-MG-IFU.PDF](https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Benlysta/pdf/BENLYSTA-PI-MG-IFU.PDF)
- Important Safety Information