A patient's health insurance plan or payer may deny a patient request for coverage for treatment with HIBSAGO® (bepirovirsen). A provider can appeal the decision on behalf of the patient. When submitting an appeal to a patient's health insurance plan or 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 HIBSAGO 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 [NDC] [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 HIBSAGO® (bepirovirsen), 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 management strategies] and [outcomes]. Due to the patient's clinical condition, the plan of treatment was to start the patient on HIBSAGO on [date]. The attached medical records document [patient name]'s clinical condition and the medical necessity for treatment with HIBSAGO.

HIBSAGO is indicated [in combination with nucleos(t)ide analog reverse transcriptase inhibitor (NrtI) therapy for treatment of chronic hepatitis B virus (HBV) infection in adult patients without cirrhosis: who have been on NrtI therapy for at least 6 months and have suppressed HBV deoxyribonucleic acid (DNA), and who have HBV surface antigen (HBsAg) levels less than or equal to 3,000 IU/mL as determined by an FDA-authorized test].

In summary, I am requesting [an appeal / redetermination / reconsideration] of the denial of HIBSAGO for [patient name]. I believe HIBSAGO 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=h
- Prescribing Information (PI) - please also visit: https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Hibsago/pdf/HIBSAGO-PI-MG-IFU.PDF
- Important Safety Information

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