

## Sample Letter of Medical Exception

*This sample letter is for demonstration purposes only. It provides an example of the type of information that may be required when providing a Letter of Medical Exception to a patient's insurance company. Some health plans provide medical exception request templates that must be used or plans that require specific documentation to accompany a medical exception request. Check with your patient's health plan.*

*Use of this template or the information in this template does not guarantee coverage. It is not intended to be a substitute for, or to influence the independent clinical decision of, the prescribing healthcare professional.*

[Date]

[Insurance Company Contact]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company City, State ZIP]

Re:

Patient: [Patient's First and Last Name]

Subscriber ID #: [Insurance Subscriber ID]

Subscriber Group #: [Insurance Group ID]

Date of Birth: [Patient's Date of Birth]

Dear [Insurance Company Contact]:

I am writing on behalf of my patient, [Patient's First and Last Name], to demonstrate the medical necessity and support for the coverage of VYEPTI® (eptinezumab-jjmr) 100 mg/mL for the preventive treatment of migraine in adults [ICD-10-CM].

I acknowledge that your policy currently excludes VYEPTI for the prevention of migraine in favor of other therapies. I am requesting that an exception be made for [Patient's First and Last Name]. I am providing clinical information—including a detailed medical history, prior treatments, and [his/her] current clinical status—that supports the use of VYEPTI.

[Provide details on the patient's diagnosis, current condition, symptoms, treatment history, and support for approval of VYEPTI, including the following:

- Records indicating the patient's diagnosis and the date of diagnosis
- Brief description of the patient's disease state
- Rationale for treatment
- Rationale for selecting VYEPTI
- Continuity of therapy (ie, if patient changes insurance or requires reauthorization)
- Comprehensive list of any prior treatments and response to those treatments
- Additional clinical support for the appeal, including a Letter of Medical Necessity, if appropriate
- Additional medical documentation or studies that support your case for VYEPTI]

Based on the above information, I hope that you will agree that VYEPTI is medically necessary for this patient.

Please contact my office by calling [Practice Phone Number] for any additional information you may require in support of coverage of VYEPTI for [Patient First and Last Name]. I look forward to your timely consideration.

**Please see Important Safety Information below.**

Sincerely,

[Physician's Signature]  
[Physician's Name]  
[Provider Identification Number]  
[Name of Practice]  
[Phone Number]

[Patient's Signature]  
[Patient's Name]

### **Indication**

VYEPTI® is indicated for the preventive treatment of migraine in adults.

### **Important Safety Information**

#### **CONTRAINDICATIONS**

- VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included angioedema.

#### **WARNINGS AND PRECAUTIONS**

- **Hypersensitivity reactions:** Hypersensitivity reactions, including angioedema, urticaria, facial flushing, and rash, have occurred with VYEPTI in clinical trials. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI, and institute appropriate therapy.

#### **ADVERSE REACTIONS**

- The most common adverse reactions ( $\geq 2\%$  and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

**For more information, please see the enclosed full Prescribing Information including Patient Information.**