

<On office letterhead including provider name and address>

SAMPLE LETTER OF APPEAL: FORMULARY EXCEPTION

<Date>

<Payer Name>

<Payer Address>

Attn: <Appeals Department>

Re: <Patient Name>

<Policy ID/Group Number>

<Date of Service>

<Disputed Amount>

To Whom It May Concern:

I am writing to request that a formulary exception be granted for <Patient Name> for the administration of LIVTENCITY™ (maribavir). LIVTENCITY was approved by the US FDA in November 2021 and is indicated for the treatment of adults and pediatric patients (12 years of age and older and weighing at least 35 kg) with post-transplant cytomegalovirus (CMV) infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet. <Payer Name> does not include LIVTENCITY on the approved formulary list.

I believe LIVTENCITY is an appropriate treatment for my patient, <Patient Name>. It is imperative that a formulary exception be made for my patient. In my clinical judgment, treatment with LIVTENCITY is medically necessary. <Provide clinical justification for the use of LIVTENCITY.>

I have enclosed additional documentation that supports treatment with LIVTENCITY. I appreciate your immediate review and ask that a formulary exception be granted in the best interest of my patient. If you have any 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>