

Sample Letter of Appeal

If treatment with Redemplo® (plozasiran) 25 mg is denied by your patient's health plan, you may appeal this decision. The following sample letter is intended to be an example to help create an independent letter of medical appeal, on your own office letterhead, to be sent to a patient's health plan to obtain an approval from a health plan. All bracketed pink content needs to be filled out based on the details of each specific appeal. Be sure to review and understand specific health plan requirements for your patient. It is also important to understand each plan's submission process (online vs fax).

This sample letter and related information are provided for informational purposes only and is not intended to be construed as providing medical, legal or reimbursement advice. In no way does the provision of this sample letter provide any promise or guarantee of coverage or payment. It is strictly your responsibility to complete your letter of appeal in accordance with your best medical judgment. Always check to see if the patient's health insurance has their own template for you to follow when submitting a letter of appeal.

INDICATION

REDEMPLO® (plozasiran) is indicated as an adjunct to diet to reduce triglycerides in adult patients with familial chylomicronemia syndrome (FCS).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: None.

ADVERSE REACTIONS: Most common adverse reactions in REDEMPLO treated patients (incidence $\geq 10\%$ of patients treated with REDEMPLO and $> 5\%$ more frequently than with placebo) are hyperglycemia, headache, nausea, and injection site reaction.

Please see full [Prescribing Information](#) for REDEMPLO.

[Date]

Attention:

[Name of health insurance company]

[PO Box or street address]

[City], [State] [Zip code]

[Phone]

[Fax]

Regarding:

[Patient Name]

[Patient DOB]

Policy number: [Number]

Group number: [Number]

[Medicaid number:] [Number]

[Medicare Beneficiary Identifier:] [Number]

RE: Appeal for coverage denial of Redemplo® (plozasiran)

Dear [Medical Director/Contact Name],

I am writing to appeal a claim that was denied for my patient, [patient name]. In a letter dated [MM/DD/YYYY], [name of health insurance company] stated that Redemplo® (plozasiran) 25 mg was not covered for my patient due to [reason(s) for denial]. [This reason is/These reasons are] listed in the [attached] Explanation of Benefits and claim denial letter.

Based on my medical expertise, I ask that you reconsider this decision, as I consider this reasonable and necessary to cover. Redemplo was approved by the US Food and Drug Administration (FDA) on 11/18/2025 as an adjunct to diet to reduce triglycerides in adult patients with Familial Chylomicronemia Syndrome (FCS).^{1,2} The recommended dosage of Redemplo is 25 mg administered as a single subcutaneous injection every 3 months by the patient.¹ [(Please see attached Prescribing Information and FDA Approval Letter)].

[I have reviewed the specific reasons provided for denial and strongly believe my patient qualifies for Redemplo.

Internal note: include specific reasons to refute the denial. Consider the following, as applicable:

- Basis of diagnosis of FCS¹
- Highly restrictive diet has not been enough to reduce triglycerides/prevent acute pancreatitis
- Fasting triglyceride levels are consistently ≥ 880 mg/dL and often reach >2000 mg/dL
- Missing/incorrect information in the prior authorization has been added/fixed]

[Patient name] was diagnosed with FCS on [MM/DD/YYYY] and has been under my care since [MM/DD/YYYY].

Below is [patient name]'s medical history and current treatment plan:

Summary of patient's relevant medical and treatment history:

- [Basis of diagnosis of FCS¹]
- [Fasting triglyceride levels of ≥ 880 mg/dL³:
 - XXX mg/dL on DD/MM/YY
 - XXX mg/dL on DD/MM/YY
 - XXX mg/dL on DD/MM/YY]
- [Acute pancreatitis episodes (not caused by alcohol or cholelithiasis) on¹:
 - DD/MM/YYYY
 - DD/MM/YYYY
 - DD/MM/YYYY]
- [Hospitalized or received emergency department care for severe abdominal pain without other explainable cause on¹:
 - DD/MM/YYYY
 - DD/MM/YYYY
 - DD/MM/YYYY]
- [History of childhood pancreatitis¹]
- [Family history of hypertriglyceridemia-induced acute pancreatitis¹]
- [Brief description of the patient's current medical condition]
- [Patient's previous and current treatments specific to lowering triglycerides (ie, statin, fibrate)]
- [Include information on lack of response and/or tolerability on previous treatments (if applicable)]
- [Additional relevant laboratory results and dates]

I request that you reconsider the denial of Redemplo based upon the following:

- My clinical judgment
- Patient's current medical condition[, including prior admissions and/or emergency department care for abdominal pain and/or acute pancreatitis]
- [Include a succinct summary of the most relevant medical history]

I would also like to request a peer-to-peer review with a physician who has experience in managing FCS and ask for an "expedited" review based on the fact that [patient name] remains at risk for an episode of acute pancreatitis which is associated with both significant morbidity and mortality. If further information is required for approval of this request, please contact my office immediately using the information below.

Thank you for your attention on this matter. I look forward to hearing from you.

Sincerely,

[Physician name] [Credentials]

[Office address]

[Physician/office phone number]

[Physician/office email address]

Suggested links and materials for inclusion with this letter:

- [Redemplo Prescribing Information]
- [Redemplo FDA Approval Letter/Official press release]
- [Medical literature regarding the use of Redemplo for FCS]
- [Professional guidelines recommending the reduction of triglyceride levels to <500 mg/dL to lower the risk of acute pancreatitis (eg, recommendations from American Association of Clinical Endocrinologists, American College of Endocrinology, American College of Cardiology, American Heart Association, National Lipid Association)]
- [Relevant clinical documentation, progress notes, treatment history, and outcomes]
- [Letter of Medical Necessity (Instructional note: A sample Letter of Medical Necessity can be found at [RedemploHCP.com](https://www.redemplohcp.com))]
- [Explanation of Benefits]
- [Claim denial]

References: 1. Arrowhead Pharmaceuticals. Arrowhead Pharmaceuticals announces FDA approval of REDEMPLO® (plozasiran) to reduce triglycerides in adults with Familial Chylomicronemia Syndrome (FCS). Published November 18, 2025. Accessed November 18, 2025. <https://ir.arrowheadpharma.com/node/20451/pdf>. 2. Redemplo. Prescribing Information. Arrowhead Pharmaceuticals, Inc.; 2025. 3. Watts GF, Rosenson RS, Hegele RA, et al. Plozasiran for managing persistent chylomicronemia and pancreatitis risk. *N Engl J Med*. Published online September 2, 2024.

