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This letter is only intended as a TEMPLATE Letter of Appeal for DESCOPY FOR PrEP® (pre-exposure prophylaxis)
INSTRUCTIONS: MUST BE ON HEALTHCARE PROVIDER'S LETTERHEAD AND MUST BE COMPLETED AND SUBMITTED BY THE HEALTHCARE PROVIDER. Please see the full prescribing information, including Boxed Warning at www.descovy.com/hcp.

[Healthcare Provider's Stationery] [Insert Date]

[Medical Director] [Insurance Company] [Address]

[City, State ZIP]

RE: Denial of Coverage for DESCOPY FOR PrEP® (pre-exposure prophylaxis) Use

Patient Name: [Insert Patient Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Subject: Appeal of Denial of DESCOPY FOR PrEP

Dear [Insert Medical Director's Name]:

On behalf of my patient, [patient name], I am writing to request reconsideration of your denial of coverage of DESCOPY FOR PrEP® (emtricitabine 200mg / tenofovir alafenamide 25mg tablets) (pre-exposure prophylaxis). I have read and acknowledged your policy for responsible management of drugs for pre-exposure prophylaxis (PrEP) of human immunodeficiency virus (HIV) infection. Your reason(s) for the denial [is/are] [reason(s) for the denial].

Based on the patient's condition and medical history, as well as my experience prescribing PrEP medication, I believe prescribing DESCOPY FOR PrEP is warranted, appropriate, and medically necessary in this case. Please see my clinical reasoning below.

[Patient diagnosis and medical history in support of the appeal]

[Name of patient] is a [age]-year-old [patient] who was initially considered to be an appropriate candidate for HIV PrEP medication on [mm-dd-yyyy] by [Healthcare Provider] at [Facility]. [Name of patient] has been in [treating healthcare provider's name] care since [date].

[Provide a brief discussion of patient's history and current condition, laboratory results, and supporting documentation as requested by the plan in their denial letter, highlighting those factors leading you to recommend the use of DESCOPY FOR PrEP].

In summary, this is my [level of request] prior authorization appeal. A copy of the [level of denial] denial letter is included along with my medical notes in response to the denial. [Conclusion statement regarding whether DESCOPY FOR PrEP is appropriate and medically necessary for the patient.] Please contact me at [healthcare provider's telephone number] or via email at [healthcare provider's email] if you have any further questions about this matter. Thank you for your time and consideration.

Please see the Full Prescribing information for DESCOPY at www.descovy.com/hcp.

Sincerely,

[Healthcare Provider's Signature]

[Healthcare Provider Name]

[Provider Identification Number]

[Phone Number]

[Enclosures: [List enclosures, which may include: DESCOPY FOR PrEP prescribing information; the patient's explanation of benefits/denial letter; copies of original claim form; a letter of medical necessity; clinical notes/diagnostic lab reports; medication records; relevant laboratory reports; and any other relevant supporting documentation]]

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