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*This letter shows the types of information that may be provided when appealing a denial of coverage from a patient's insurance company for treatment with PRALUENT® (alirocumab) injection. Please see full [Prescribing Information](#) available at [www.PRALUENT.com](http://www.PRALUENT.com).*

## Sample Appeals Letter for PRALUENT

[Date]  
ATTN: Medical Review  
[Contact name]  
[Insurance company]  
[Insurance street address]  
[Insurance city, state, ZIP]

Re:  
[Patient name]  
[Date of birth]  
[Policy #]  
[Group #]

Dear [Contact name]:

This letter is an appeal for reconsideration of coverage for PRALUENT for my patient, [patient name]. [Insurance company name] has stated that PRALUENT is not covered because [reason for denial] in a letter dated [date of denial letter]. I have reviewed your letter with my patient and continue to recommend PRALUENT as my treatment of choice, based on my experience in treating people with [diagnosis].

[Patient name] has been in my care since [date]. PRALUENT is medically necessary for this patient because [provide your rationale for initiating PRALUENT; include response to previous treatment for the same diagnosis]. Treatment with PRALUENT for [diagnosis] is in accordance with the product labeling.

### Product Description

PRALUENT (alirocumab) is a PCSK9 (Proprotein Convertase Subtilisin/Kexin Type 9) inhibitor antibody indicated as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease, who require additional lowering of LDL-C.<sup>1</sup>

The effect of PRALUENT on cardiovascular morbidity and mortality has not been determined.<sup>1</sup>

### Patient History

[Patient name] is a [age]-year-old [male/female] who has been under treatment for [diagnosis] since [date]. During this time, [he/she] has been treated with other therapies including [discuss previous therapies and patient's response to therapy]. [Continue patient history, including clinical support for medical necessity.]

On behalf of [patient name], I ask that you reconsider coverage for PRALUENT. Please call me at [physician's telephone number] if you require additional information. We look forward to your positive response to this appeal.

Sincerely,

[Physician name, MD]

### Enclosures [suggested]

PRALUENT FDA approval letter  
Original denial letter  
PRALUENT Prescribing Information  
Excerpts of medical records

*Use of the information in this letter does not guarantee that the insurance company will provide coverage for PRALUENT and is not intended to be a substitute for, or an influence on, the independent medical judgment of the physician.*

**Reference:** 1. PRALUENT Prescribing Information. Sanofi/Regeneron Pharmaceuticals, 2015.