**[Physician Letterhead/stationery]**

**[Insert date]**

Medical Review/Appeals

**[Name of contact at health plan]**

**[Health plan/insurance company]**

**[Address]**

**[City, State, Zip]**

RE: **[Patient name]**

Policy number: **[Policy number]**

Treatment requested: VELTASSA® (patiromer) For Oral Suspension

This letter is sent on behalf of my patient, **[name of patient]**, to request an Appeal of a denied Prior Authorization for **[his/her]** prescription of VELTASSA. According to the denial letter, **[name of insurer/Medicare contractor]** denied this Prior Authorization because **[reason for denial as listed in the letter]**. This letter serves to request a formal Appeal of the denied Prior Authorization for **[name of patient]**, with policy number **[policy number]**.

**[Name of patient]** is a **[age]**-year-old **[male/female]** patient who was diagnosed with hyperkalemia on **[XX/XX/XXXX]**. Given the patient’s **[insert relevant diagnosis/patient history]**, VELTASSA is a medically necessary part of this patient’s treatment plan.

VELTASSA is indicated for the treatment of hyperkalemia. Left untreated, hyperkalemia can result in serious consequences for patients **[with chronic kidney disease with or without heart failure]**.

Using VELTASSA for **[name of patient]** is based on **[provide rationale for the use of VELTASSA in this clinical case, such as serum potassium levels, tried and failed therapies, etc]**. Enclosed is additional information, including **[list relevant documentation]** that supports this treatment decision. I have prescribed the use of VELTASSA as a medically necessary part of my patient’s treatment plan. Please contact me at **[XXX-XXX-XXXX]** if you require additional information.

Thank you in advance for your immediate attention to this very important matter.

Sincerely,

**[Physician’s signature,][MD]**

**[insert doctor name]**

Suggested Enclosures:

Copy of denial letter

Package insert for VELTASSA

Medication records

Clinical records (eg, laboratory reports) that support the need for VELTASSA

Other supporting documentation

PP-US-VEL-00103