

## APPEALS CHECKLIST

If a prior authorization (PA) is denied, the information below can support an appeal letter on behalf of your patient. Typically, a plan-specific form is required along with an appeal letter and supporting documentation. The insurer will outline any specific forms and timelines in their PA denial letter. When submitting an appeal, the following information may be required:

### Insurer Information:

- ✓ Completed and signed plan-specific appeal form (may require patient signature as well in some cases)
- ✓ “Peer-to-peer” discussion with a medical reviewer at the health plan

### Clinical Documentation, including:

- ✓ A Letter of Medical Necessity (see example at <https://www.vyndalink.com/sites/default/themes/custom/vyndalink/pdfs/Sample-Letter-of-Medical-Necessity.docx>)
- ✓ Chart notes with medical and treatment history, including:
  - Date and method of diagnosis
  - Severity of disease and current functional status
  - Response to all prior/current therapies
  - Any relevant comorbidities
  - Any relevant contraindications, if applicable [some insurers may request failure on alternative therapies]
- ✓ VYNDAMAX® (tafamidis) and tafamidis meglumine full Prescribing Information, available at [www.VyndamaxHCP.com](http://www.VyndamaxHCP.com)
- ✓ ATTR-ACT study protocol for inclusion and exclusion criteria ([https://clinicaltrials.gov/ProvidedDocs/89/NCT01994889/Prot\\_000.pdf](https://clinicaltrials.gov/ProvidedDocs/89/NCT01994889/Prot_000.pdf)), and appropriate characterization of patient’s cardiac device if applicable to the coverage denial
- ✓ Any clinical studies or relevant literature supporting the approval of VYNDAMAX and tafamidis meglumine
- ✓ Summary of your professional opinion of why the patient’s recent symptoms, severity of condition and/or impact of disease warrant treatment with VYNDAMAX or tafamidis meglumine

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