

Sample Letter of Appeal
Patient New to Drug

[Date]

[Physician Name]

[Health Care Practice Name]

[Health Care Practice Address]

[City, State, Zip Code]

[Patient Name]

[Patient Address]

[Patient Insurance ID#]

[Denial Reference Number]

Dear Medical or Pharmacy Director:

This letter of [Insert level of appeal] appeal is in regards to your coverage policy for [Drug name]. I have reviewed your drug coverage policy and feel that coverage approval authorization should be covered for [Drug name] as it is medically necessary to treat the diagnosis of [Diagnosis and ICD-10 code].

[Patient name] symptoms and MS disease summary are:

- [MRI scan documentation and findings]
- [MS severity overview including disability status if relevant]
- [Past drugs and treatments that were tried and failed]
- [Allergic or skin reactions to certain medications]
- [Activities of daily living affected by current MS disease]

The medical rationale for prescribing [Drug name] are:

- [Drug treatment recommendation for the patient]
- [Overview of the drug and its effectiveness for treating MS based on clinical trial results]
- [Supporting clinical trial data]
- [FDA approval data]

I have included relevant medical documentation, supporting clinical trial data and a copy of FDA approval supporting my request for the overturning of denial for [Drug name].

Sincerely,

X

[Physician name]

[Phone number]