

Sample Letter of Appeal

[Date]
[Contact name of medical director or other payer representative]
[Contact title]
[Name of health insurance company]
[Address]
[City, State, Zip]

Re: Letter of Appeal for XERMELO® (telotristat ethyl)

Patient: [Patient name]

Group/policy number: [Number]

Date(s) of service: [Dates]

Diagnosis: [Code & description]

Dear [Contact name or department]:

I am writing this appeal on behalf of my patient, [patient name], who was denied coverage for XERMELO® (telotristat ethyl) for the treatment of [indication].

[Patient name] has been under treatment for [condition] since [date of onset]. [Insurance company] has stated that XERMELO is not covered because [denial reason].

While [patient name] has been undergoing treatment since [date of onset], [his/her] response to treatment has not been optimal.

Specifically, my patient has [tried and failed] the following therapies:

- [List therapy, length of therapy, and outcome (ie, specify reason[s] for unsuccessful results)]
- [List therapy, length of therapy, and outcome (ie, specify reason[s] for unsuccessful results)]

XERMELO is medically appropriate for my patient for the following reasons:

- [Insert treatment rationale as to why XERMELO is medically appropriate]

To support my appeal, I have included the following documentation enclosed for your review:

- [Patient's progress notes outlining diagnosis of disease]
- [Documentation of treatment history, past therapies prescribed, and outcomes]
- [Rationale as to why the patient is appropriate for XERMELO]
- [Denial letter from prior authorization request]
- XERMELO Prescribing Information

It is essential that [insurance company] provide coverage for XERMELO for [patient name], as this treatment is medically appropriate. On behalf of [patient name], we would appreciate your prompt reconsideration of coverage for XERMELO. Please do not hesitate to contact me at [physician's telephone number] if you require any further information to approve this request.

Sincerely,

[Provider name] [Degree initials]

[Provider identification number]

Enclosures: [Attach as appropriate]

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