

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]**

January 2017

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