

Sample Letter of Appeal

[Date]

[Name of pharmacy director or payer contact]

[Contact's title]

[Phone] | [Fax] | [Email]

[Insurance Company Name]

[Address]

Patient: [Patient's name]

Date of birth: [Patient's Date of Birth]

Insurance ID: [Patient's Insurance ID]

Policy Group: [Patient's Group Number]

Diagnosis: [Patient's Diagnosis (ICD-10: C34.XX)]

Requested Treatment: IBTROZI™ (taletrectinib)

Denial Reference Number: [Denial Number from Insurer]

Re: Appeal of coverage denial for [Patient's Name]

Dear [Medical/Pharmacy Director]:

I am writing this letter to formally appeal the denial of coverage for IBTROZI on behalf of my patient, [Patient's Name], who has been diagnosed with [Patient's Diagnosis]. IBTROZI is FDA-approved for patients with *ROS1*-positive advanced non-small cell lung cancer (NSCLC).

Reason for Appeal

On [date of denial], your organization cited [indicate reason for denial] as the reason for denial of IBTROZI. However, I strongly believe that treatment with IBTROZI is medically necessary based on the FDA-approved indication.

IBTROZI is medically necessary for [Patient's Name] as documented by:

- Clinical rationale #1: [Provide rationale]
- Clinical rationale #2: [Provide rationale]

The denial was based on [incorrect criteria, outdated guidelines, failure to consider mutation status, requirement for step therapy, etc]. [If denial is based on a requirement for step therapy, consider including rationale for why the alternative treatment(s) suggested in the denial are not appropriate (eg, toxicity, contraindications, or previous failure)].

In summary, based on my clinical opinion, IBTROZI is medically necessary for [Patient's Name]. This is consistent with both the FDA-approved indication and the current standards of care.

Please review this appeal as soon as possible. If additional information is needed, I can be reached at [Physician's Contact Information]. Thank you for your prompt reconsideration.

Sincerely,

[Physician's signature]

[Physician name] [Name of practice]

Note: This example letter is provided as a courtesy and not intended to be a directive. Physicians should exercise medical judgment and discretion to appropriately diagnose and characterize the individual patient's medical condition. In addition, healthcare professionals (HCPs) are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

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