

[Physician letterhead]

[Date]

[Health plan name]

ATTN: [Name of prior authorization department]

[Contact name (if available)]

[Health plan address]

[City, State ZIP]

Re: Appeal for Denial of Cequa™

[Patient name]

[Date of birth]

[Insurance ID number]

[Insurance group number]

[Case ID number]

[Date(s) of service]

To the health plan administrator:

I am writing to request that you reconsider your denial of coverage for

Cequa™ (cyclosporine ophthalmic solution) 0.09%, which I have prescribed for my patient, [Patient name].

Your reason(s) for the denial [is/are] [list reason(s) for the denial]. Listed below are the patient's relevant diagnosis, medical history, previous therapies, and further reasoning as to why I recommend Cequa as an appropriate treatment for [Patient name].

Patient's diagnosis and medical history

[Patient name] is [a/an] [age]-year-old [male/female] patient who has been diagnosed with **Dry Eye Disease** (or Keratoconjunctivitis Sicca) as of [date]. [He/She] has been in my care since [date].

[Give a brief summary of rationale for treatment with Cequa. This includes a brief description of the patient's diagnosis, including the ICD-10-CM code, the severity of the patient's condition, symptoms, as well as other factors (eg, underlying health issues, age) that have affected your treatment selection.]

Previous therapies, reasons for discontinuation, duration of therapy

[List here]

Clinical support for the appeal

[Provide evidence for your recommendation, such as clinical guidelines or trial data from the Cequa prescribing information.]

Summary

I believe Cequa is appropriate and medically necessary for this patient. This is my [insert level of request] prior authorization appeal. A copy of the most recent denial letter is included along with medical notes in response to the denial. If you have any further questions about this matter, please contact me at [Physician phone number] or via email at [Physician email]. Thank you for your time and consideration.

Sincerely,

[Physician signature]

Enclosures

[List additional documents, which may include: denial letter, letter of medical necessity, Prescribing Information, clinical notes/medical records, or clinical practice guidelines.]