

Sample Letter of Appeal

[To be completed by the prescriber and printed on the letterhead]

[Date]

[Name of Health Insurance Company]

[Attn:]

[Address]

[City, State, ZIP]

Re: Letter of Appeal for Tirosint-SOL (levothyroxine sodium) oral solution

Patient: [Patient Name]

Group/Policy Number: [Number]

Date(s) of service: [Dates]

Diagnosis: [Code & Description]

Dear [Insert contact name or department]:

I am writing to request a review of a denied claim for [PATIENT NAME]. The claim was denied for the following reason(s), listed on the attached Explanation of Benefits {EOB}.

[Fill in reason(s) from EOB.]

Tirosint-SOL has received approval for the treatment of the following indications in children and adults:

- Hypothyroidism- As a replacement therapy in primary (thyroidal), secondary (pituitary) and tertiary (hypothalamic) congenital or acquired hypothyroidism
- Pituitary Thyrotropin (Thyroid-Stimulating Hormone, TSH) Suppression- As an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer

Tirosint-SOL is a liquid formulation of levothyroxine available in 15 dosage strengths (13,25,37.5,44,50, 62.5, 75, 88, 100, 112, 125, 137, 150, 175 and 200 mcg). It is packaged in unit dose ampules which are available in 30-day supplies.

This letter serves to document that [PATIENT NAME] has a diagnosis of [DIAGNOSIS] and needs treatment with Tirosint-SOL is necessary therapy for [him/her] as prescribed. On behalf of the patient. I am requesting approval for use and subsequent payment for the treatment.