

Sample Letter of Appeal for CUVITRU [Immune Globulin Subcutaneous (Human)] 20%

[Physician's letterhead]

[Date]

[Health plan's name]

ATTN: [Department]

[Medical director's name]

[Health plan's address]

[City, State ZIP]

[Patient's name]

[Date of birth]

[Case ID number]

[Date(s) of service]

Re: Appeal of Denial for CUVITRU® [Immune Globulin Subcutaneous (Human)] 20%

Dear [Medical director's name],

I am writing to request reconsideration of your denial of coverage for CUVITRU, which I have prescribed for [patient's name]. I have read and acknowledged your policy for responsible management of drugs for primary immunodeficiency (PI) [insert appropriate ICD-10-CM code here]. Your reason(s) for the denial [is/are] [reason(s) for the denial].

Based on the patient's condition and medical history, as well as my experience treating this patient, I believe treatment with CUVITRU is medically necessary in this case. Please see my clinical reasoning below.

Patient diagnosis and medical history in support of the appeal

[Patient's name] is [a/an] [age]-year-old [male/female] who has been diagnosed with [PI] as of [date of diagnosis]. [He/she] has been in my care since [date].

[Include relevant medical information to support your reason for treatment with CUVITRU. Include history of treatment.]

History of previous therapies	Reason(s) for discontinuation of previous therapies	Duration of previous therapies

[Additional information needed may include:

- Supporting documentation as requested by the plan in their denial letter

- Discussion of clinical attributes of CUVITRU and relevance to your patient
- Your assessment of why CUVITRU is appropriate for this patient based on medical evidence]

Summary

This is my [level of request] prior authorization appeal. A copy of the [level of denial] denial letter is included along with my medical notes in response to the denial. In my professional opinion and considering [patient's name]'s history and condition, I believe treatment with CUVITRU is medically necessary. If you have any further questions about this matter, please contact me at [physician's phone number] or via email at [physician's email]. Thank you for your time and consideration.

Sincerely,

[Physician's signature]

Enclosures

[List enclosures, which may include:

- Explanation of benefits/denial letter
- Copies of original claim form
- Letter of Medical Necessity
- Clinical notes
- Medication records
- Relevant laboratory reports
- CUVITRU Prescribing Information
- Other supporting documentation]