

SAMPLE LETTER OF APPEAL – PRIOR AUTHORIZATION

**cocaine
hydrochloride nasal
solution, 4% (CII)**

If you and your patient experience a denied prior authorization (PA), a letter of appeal may need to be submitted. We have provided a checklist and a sample version that includes some helpful information to support the development of your own Letter of Appeal.

Things to keep in mind when writing a Letter of Appeal – PA Denial:

- Include the reason for the PA denial
- Know and meet all payer-specific appeals processes, forms, criteria, and deadlines

Checklist

Patient Information

- Patient name
- Date of birth
- Insurance ID
- Insurance group number
- Case ID number (if applicable)

Clinical Rationale

- Patient's diagnosis
- The reasons why cocaine hydrochloride nasal solution, 4% (CII) is medically necessary
- The clinical rationale for cocaine hydrochloride nasal solution, 4% (CII), including trial data supporting the FDA approval, administration, and dosing information
- [Ambulatory surgical centers only] Confirmation that the procedure for which the product needs to be used is on the approved ambulatory surgical center procedure list

Additional Enclosures

- [Prescribing Information](#)
- [FDA approval letter](#)
- Clinical notes/medical records
- Diagnostic test results
- Relevant peer-reviewed articles
- For 2nd and 3rd-level appeals, include a copy of the previous denial letter(s)

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[Date]
[Payer name]
[Payer street address]
[Payer city, state, and zip code]
Patient name: [Patient full name]
Date of birth: [Patient birth date]
Member ID: [Patient member ID number]
Policy or group number: [Patient policy or group number]
Case ID number: [Case ID number (if applicable)]

To Whom It May Concern,

I am writing on behalf of my patient, [name of patient], to request reconsideration for the coverage of cocaine hydrochloride nasal solution, 4% (CII) which was denied on [date] for the following reason: [describe the reason given in the denial letter]. For your convenience, I have attached documentation supporting my request for reversal of coverage denial, including [select appropriate options]:

Patient's clinical/medical history

- [Patient's diagnosis (ICD-10-CM code), date of diagnosis]
- [Patient's first visit and date of referral]

Justification for coverage

- [State the clinical rationale for the use of cocaine hydrochloride nasal solution, 4% (CII)]
- [State why alternative anesthetics are not appropriate for your patient]
- [Additional factors affecting the need for cocaine hydrochloride nasal solution, 4% (CII)]
- [Note that the FDA approved cocaine hydrochloride nasal solution, 4% (CII) on December 14, 2017]

Summary

Given the provided evidence, I am confident you will conclude that treatment with cocaine hydrochloride nasal solution, 4% (CII) is medically necessary. It is crucial that [plan name] [approve our prior authorization/allow the use of cocaine hydrochloride nasal solution, 4% (CII) therapy without requiring a step through another agent] and provide coverage for cocaine hydrochloride nasal solution, 4% (CII), so [patient name] receives the care [he/she] needs. We appreciate your prompt review and reconsideration of this case. Please contact me at [phone number] if you need additional information.

Sincerely,

[Physician name]
[Physician address]
[Physician phone]

Enclosures: [List enclosures such as Prescribing Information, clinical notes/medical records, test results, relevant peer-reviewed articles, clinical practice guidelines and FDA approval letter].