

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 (levothyroxine sodium) capsules

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 is L-thyroxine (T4) indicated for adults and pediatric patients 6 years and older with:

- Hypothyroidism - As replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism (1)
- 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 (1)

Limitations of Use:

- Not indicated for suppression of benign thyroid nodules and nontoxic diffuse goiter in iodine-sufficient patients (1)
- Not indicated for treatment of transient hypothyroidism during the recovery phase of subacute thyroiditis (1)

Tirosint is a capsule formulation of levothyroxine available in 12 dosage strengths (13, 25, 50, 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 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.

PM-00-22-0083