

Sample Appeal Letter from a Specialist
This sample is applicable to 32-35 wGA infants with risk factors

@logoimage@

@today@

Dear @insurance@

This letter is to appeal the denial of Synagis (palivizumab) therapy for @name@ with denial reference of ***. Synagis is medically necessary for this patient and is an FDA-approved product for the prophylaxis of severe respiratory syncytial virus (RSV) disease in infants and children at high risk for severe RSV disease.

Patient history and diagnosis

@name@ is a @gestational age@ with additional risks of ***. For these reasons he/she requires Synagis to reduce his/her risk of contracting RSV in the upcoming RSV season.

Medical necessity of therapy

Synagis is indicated for the prevention of serious lower respiratory tract infection caused by RSV in children with a history of prematurity (≤ 35 weeks gestational age) Chronic lung disease, such as, bronchopulmonary dysplasia (BPD), and hemodynamically significant heart disease. Synagis therapy has been shown to produce a significant reduction in the incidence of RSV-related hospitalization and ICU admissions among hospitalized infants compared with placebo recipients. Synagis injections are recommended October through April in this area of the country. One injection of 15 mg/kg, every 28 days, provides optimal coverage.

I can provide, upon request, a copy of the full prescribing information, as well as a list of studies documenting the effectiveness of Synagis in the prevention of severe RSV disease.

Sincerely,

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