

## Sample Appeal Letter

[Date]

ATTN: Medical Review/Appeals  
[Name of Payer] [Address  
of Payer]

Patient: [First and last name] Member ID: Member Group #: Rx Bin#: Explanation of Benefit #:

Re: Request for Reconsideration of Qsymia<sup>®</sup> (phentermine and topiramate extended-release) capsules CIV use for [patient's name]

To Whom It May Concern:

I am writing on behalf of my patient, [patient's name], who was denied coverage of Qsymia<sup>®</sup> (phentermine and topiramate extended-release) capsules CIV on [date of denial]. The denial reason was stated as [not medically necessary, not covered on the formulary, etc]. I am requesting a redetermination of the denial of coverage for Qsymia and have enclosed documentation that supports the use of this FDA-approved medication for this patient.

[Outline the patient's history, diagnosis, and treatment plan. Provide rationale for Qsymia treatment.]

In conclusion, please reconsider the denial Qsymia for my patient, [patient's name]. I would appreciate prompt review of this appeal and approval of this FDA-approved therapy. I can be reached at [phone number] for additional information and discussion. Thank you.

Sincerely,

[Physician Name]

Enclosures: (suggested)

- Supportive medical records
- Denial letter

100437.01-USP