

Re:

To whom it may concern:

My name is [REDACTED] and I am a [REDACTED] writing on behalf of my patient, [REDACTED].

We understand that the reason for your denial is [REDACTED]. However, we believe that [REDACTED] is the appropriate treatment for my patient. In support of our recommendation for treatment, we have provided an overview of my patient's relevant clinical history below.

[REDACTED] are enclosed, which offer additional support for the formulary exception request for [REDACTED]. Please consider coverage of [REDACTED] for my patient.

Please feel free to contact me, [REDACTED], at [REDACTED] or at [REDACTED] for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,