

Sample Appeal Letter

 HCPs can follow this format for patients who are **NOT** currently receiving treatment with Taltz® (ixekizumab) 80mg/mL.

Re:

To whom it may concern:

We have reviewed and recognize your guidelines for the responsible management of medications within this class. We are requesting that you reassess your recent denial of Taltz (ixekizumab) coverage. We understand that the reason for your denial is _____ . However, we believe that Taltz _____ is the appropriate treatment for this patient. In support of our recommendation for Taltz treatment, we have provided an overview of the patient's relevant clinical history below.

Patient's history, diagnosis, condition, and symptoms*:

Please detail all past treatments.

Past treatment(s) [†]	Start/stop dates	Reason(s) for discontinuing	
_____	_____	_____	
Infection name and affected part(s) of body	Treatment type(s)	Treatment start/stop dates	Anticipated resolution date>

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

Sincerely,

Encl: Medical records and clinical notes, clinical trial information, photo(s), Letter of Medical Necessity, original denial letter

*Include patient's medical records and supporting documentation, including clinical evaluation, scoring forms, and photos of affected areas as applicable.
[†]Identify drug name, strength, dosage form, and therapeutic outcome.

