**EMAIL TEMPLATE**

**LETTER FOR APPEALING A HEALTH INSURANCE CLAIM DENIAL**

**[PRESCRIBER LETTERHEAD]**

**[Date]**

**[Payer name]**

ATTN: APPEALS

**[Type in payer name]**

**[Type in payer address]**

Patient: **(Type in patient’s first and last name)**

Subscriber ID#: (Type in insurance ID#)

Subscriber Group #: (Type in insurance group#)

Re: NOURIANZTM (Istradefylline) tablets, for oral use

Dates of Service: (Include all denied dates of service) Dear Appeals Reviewer:

I am writing to request appeal of the above denial(s) of Neuroanatomy (istradefylline) for my patient **[patient name].** I understand from your denial letter that the denials were based on **[denial reason].** I would like to address **[that reason/those reasons]** now.

On August 27, 20XX, the FDA approved Nourianz, an adenosine receptor antagonist, for adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson’s

disease (PD) experiencing “OFF” episodes."

Please see the enclosed documentation demonstrating the medical necessity of Nourianz as an adjunct treatment for my patient, **[Patient’s name].** (He/she) has Parkinson’s disease and is experiencing “OFF” episodes on levodopa/carbidopa. I would appreciate prompt review of this information for authorization of Nourianz.

Patient’s Clinical History

**[Patient’s name]** is a **[age]** year old **[male/female]** who was diagnosed in **[date]** with Parkinson’s disease. **[Patient’s name]** has been treated with levodopa/carbidopa for **[X]** years. Patients with Parkinson’s disease who are on levodopa/carbidopa and other concomitant anti-Parkinson

medications experiencing “OFF” episodes, have limited treatment options.

**[He/She]** underwent **[describe treatment to date].**

□ **[Be sure to include diagnosis and dates]**

**□ [Past treatments]**

**□ [Patient's ability to manage current disease]**

**□ [Social & family information (especially if younger patient)]**

**[i.e. young children or grandchildren, contributes to the well-being of the family, part-time work, volunteer work]**

Treatment Rationale

Nourianz™ (istradefylline) was approved by the FDA on Aug 27, 20XX, as adjunctive treatment to levodopa/carbidopa for the treatment of adult patients with Parkinson’s disease (PD) experiencing “off” episodes. This approval was based on results from 4, 12-week registrational trials that demonstrated that patients with istradefylline plus levodopa/carbidopa experienced a greater reduction in OFF time compared with patients treated with placebo plus levodopa/carbidopa.

Nourianz is the only adenosine receptor antagonist indicated to reduce OFF episodes thus providing an alternate MOA to potentially address this patient’s medical need.

Summary

In summary, I am appealing the denial(s) of Nourianz as an adjunct therapy for my patient, **[Patient Name]. [He/She]** was diagnosed with Parkinson’s disease and is experiencing “OFF” episodes on levodopa/carbidopa. As you know, there are limited treatment options for “OFF” episodes. I am requesting that you reconsider coverage based on the information above. I am readily available at my office **phone [MD phone#]** to address any questions or concerns you might have regarding this appeal.

Thank you for your time and consideration.

Sincerely,

(Physician’s name and credentials)

Suggested Enclosures USPI

Relevant clinical/chart notes