**Sample Appeals Letter**

There may be several reasons for denial of coverage; one of the main reasons is incomplete or inaccurate information on the forms. Therefore, you should read the denial letter carefully and understand the reason(s) for denial.

Payers vary in their requirements for appealing denials of coverage. See the following page for an example of a letter with information that providers can reference when preparing the appeals letter on their office letterhead. The letter should include the type of information that payers may require to appeal a denial of coverage, such as:

* The patient’s diagnosis
* Information about the treatment that was denied including addressing the specific denial reasons detailed by the plan in the denial notification
* Information about your patient’s medical history and prior treatments including information already provided during prior authorization process
* A summary of your clinical assessment and rationale for requesting coverage

The information herein is for informational purposes and for the healthcare provider’s convenience only.
It is not intended as legal advice and is not a substitute for a provider’s independent professional judgment. This information is not a guarantee of coverage or payment (partial or full). Healthcare providers should always confirm coverage for individual patients with their insurance providers.

**Please see Important Safety Information on page 3 and full** [**Prescribing Information**](https://pi.neurocrine.com/crenessity/CRENESSITY-Full-US-Prescribing-Information.pdf)**.**

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| --- | --- |
| [Insurance Company] | Re: Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [Address Line 1] |  Policy ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [Address Line 2] |  Policy Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [Plan Fax Number] |  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  Claim/Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |

[Date]

Attn: [Medical/Pharmacy Director], [Department]

Dear [Medical/Pharmacy Director]:

I am writing this letter to appeal the denial of coverage for [CRENESSITY™ (crinecerfont) capsules/ CRENESSITY™ (crinecerfont) oral solution] on behalf of my patient, [patient’s name], who has a diagnosis of classic congenital adrenal hyperplasia (CAH). Your organization cited [reason for denial] as the reason for denial. Based on my medical expertise, I ask that you reconsider this decision. Please review the information below that supports use of this medication as approved by the US Food and Drug Administration.

**Patient’s Medical History and Treatment Rationale:**

* Patient’s medical history, diagnosis, and current condition (eg, signs, symptoms, functioning): [Provide a brief statement about the patient’s diagnosis and medical history, including any underlying health issues, lab values, or risks/implications of delayed therapy that affect your treatment selection]
* [Address any reasons the payer provided in their denial letter]
* Prior treatments and response to those treatments: [If applicable, provide a list of current and past medications, as well as reasons for not prescribing a medication (eg, contraindications, drug interactions, lack of efficacy) and a summary of patient experience for each medication, including clinical outcome, adverse drug reactions, and length of therapy]
* [Summary as to why, based on your clinical judgment, your patient requires treatment with CRENESSITY]

In summary, based on my clinical opinion, CRENESSITY is medically necessary and appropriate for [patient’s name]’s medical condition. I trust that the information provided, along with my medical recommendations, will establish the medical necessity of coverage for CRENESSITY.

Please contact my office at [office phone number] if I can provide you with any additional information to approve this request.

Sincerely,

[Physician’s name]

[Physician's NPI and specialty]

[List enclosures as appropriate (eg, excerpt[s] from patient’s medical record, relevant treatment guidelines, and product Prescribing Information)]

[Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**This page is for your reference only. Content on this page does not need to be sent to the insurance company.**

**INDICATION**

CRENESSITY (crinecerfont) is indicated as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients 4 years of age and older with classic congenital adrenal hyperplasia (CAH).

**IMPORTANT SAFETY INFORMATION**

**CONTRAINDICATIONS**

CRENESSITY is contraindicated in patients with hypersensitivity to crinecerfont or any excipients of CRENESSITY.

**WARNINGS AND PRECAUTIONS**

***Hypersensitivity Reactions.*** A hypersensitivity reaction, including throat tightness, angioedema, and generalized rash, occurred in a subject after 3 days of treatment with CRENESSITY. If a clinically significant hypersensitivity reaction occurs, initiate appropriate therapy and discontinue CRENESSITY.

***Risk of Acute Adrenal Insufficiency or Adrenal Crisis with Inadequate Concomitant Glucocorticoid Therapy***. Acute adrenal insufficiency or adrenal crisis, which is potentially life-threatening, can occur in patients with underlying adrenal insufficiency who are on inadequate daily glucocorticoid doses, especially in situations associated with increased cortisol need, such as acute intercurrent illness, serious trauma, or surgical procedures. Continue glucocorticoids upon initiation of and during treatment with CRENESSITY. Do not reduce the glucocorticoid dose below the dose required for cortisol replacement. Patients should continue to use stress dosing of glucocorticoids in cases of increased cortisol need.

**ADVERSE REACTIONS**

In adult patients, the most common adverse reactions (at least 4% for CRENESSITY and greater than placebo) are fatigue, headache, dizziness, arthralgia, back pain, decreased appetite, and myalgia.

In pediatric patients, the most common adverse reactions (at least 4% for CRENESSITY and greater than placebo) are headache, abdominal pain, fatigue, nasal congestion, and epistaxis.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch at www.fda.gov/medwatch or call 1-800-FDA-1088.

**Dosage Forms and Strengths**:

CRENESSITY is available in 50 mg and 100 mg capsules, and as an oral solution of 50 mg/mL.

**Please see attached**[**Prescribing Information**](https://pi.neurocrine.com/crenessity/CRENESSITY-Full-US-Prescribing-Information.pdf)**.**