Please see the sample medical exception language below for your appeal on behalf of your patient in response to a payer denial. This sample letter provides insight into what plans typically consider relevant information for you to include as a guide. Please note that some plans may require additional information.

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*{DateCreated}*

*{Provider\_Full\_Name}*

*{Site\_Address1} {Site\_Address2}*

*{Site\_City}, {Site\_State} {Site\_Zip}*

*{Contact Name} (Usually the medical director)*

*{Title}*

*{Name of the Health Insurance}*

*{Address Street}*

*{Address. City, State and Zip Code}*

Insured: *{Patient Name}*

Policy Number: *{Number}*

Group Number: *{Number}*

Dear Dr. *{Medical Director’s Name}*,

I am writing to you on behalf of my patient *{Patient Name}* to request approval for coverage of EPIDIOLEX® (cannabidiol) for his/her treatment. *{Patient First Name}* has been under my care since *{Date}* for treatment of *{Diagnosis}*. You have indicated EPIDIOLEX is not covered because *{Reason for denial from* *Prior Authorization letter or previous appeal denial letter}*.

Please see the attached documentation, regarding *{product name and/or patient’s first name}* to assist with reconsideration of your decision.

* Include rationale why this is medically necessary at the dosage prescribed
* List all [patient’s name] previous trial and failure therapies
* Include any pertinent diagnostic tests, such as EEG
* Provide reasons to substantiate why this would be the next logical step in your medical judgement to help the patient achieve better seizure control
* Include pertinent medical records that support your decision to prescribe EPIDIOLEX
* Published data you feel supports EPIDIOLEX use for the patient’s condition
* Other considerations for inclusion:
	+ no other alternatives available or appropriate

Based on the details above along with the attached information, it is my belief as a specialist that treatment with EPIDIOLEXis appropriate and medically necessary for my patient. Therefore, I am requesting reconsideration of the denial, so I may move forward with treating this patient as I deem necessary for their health. Where applicable, I would also appreciate an opportunity to discuss this case peer to peer.

If any further information is necessary for approval of this request, please feel free to call me at *{Prescriber’s phone number}* to discuss. Thank you in advance for your immediate attention to this request.

Sincerely,

*{Prescriber’s Signature}*

*{Prescriber’s Name}*