Date

# Name

# Payer

# Title

Address

City, State, Zip

Sent via email:

Dear \_\_\_\_\_\_\_\_\_\_\_\_,

I am contacting you on behalf of [provider practice or plan member]. I am reaching out to appeal the [plan name] decision to deny coverage for concomitant medications for narcolepsy patients.

It is my understanding that the denials are due to language in your \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guidance document. Page \_\_\_\_\_ of the document states, “*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*” The inclusion of this language is not consistent with current clinical practice, when treating this patient population, as many providers treat narcolepsy patients with multiple medications with different indications. Excessive daytime sleepiness (EDS) is a hallmark symptom of narcolepsy, and while existing pharmacologic interventions are sometimes effective in reducing EDS for many patients, clinicians must monitor ongoing treatments and use clinical judgment to determine whether patients may benefit from adjustments to the pharmacologic regimen, including the use of multiple medications to manage EDS.

I strongly recommend that concomitant medications for the treatment of narcolepsy be covered and that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ language be modified. Specifically, I suggest the statement that “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” be removed, as it is inconsistent with current clinical practice and can delay a resolution of symptoms, for patients with narcolepsy. In the meantime, I also ask [payer/plan name] to consider covering this service as an extra-contractual benefit and that an expedited peer-to-peer review and/or hearing be scheduled, for further discussion of this policy.

Thank you for your attention to this matter. If you have any questions about this request or would prefer to discuss this issue, please contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Your name