Sample Appeals Letter*

***Please note:** This template is intended only as an example and should be customized with patient-specific details and information, along with any other modifications you deem necessary in your medical judgment prior to submission to the payer.

[INSERT PHYSICIAN LETTERHEAD]

[Medical Director]
[Name of health plan]
[Address]
[City, State ZIP]

RE: **[Patient's name]**
[Patient's date of birth]
[Policy number]
[Claim number]

Dear **[Medical Director]**:

I am writing this letter to appeal the denial of coverage for XIIDRA® (lifitegrast ophthalmic solution) 5% on behalf of my patient, **[Patient's Name]**. XIIDRA® is an FDA-approved drug indicated for treatment of the signs and symptoms of dry eye disease (DED).[1]

On **[date of denial]**, your organization cited **[indicate reason for denial]** as the reason for denial. However, based on the FDA-approved indication, I believe that treatment with XIIDRA® is medically necessary.

In the past, my patient has attempted other treatments for DED, but those trials have failed due to either inadequate efficacy or lack of tolerability.

Past Treatment(s)†	Dates	Notes
[Drug name]	**[MM/YY] - [MM/YY]**	**[Please list side effects, lack of efficacy, etc]**
[Drug name]	**[MM/YY] - [MM/YY]**	**[Please list side effects, lack of efficacy, etc]**

The patient's present treatment(s) are as follows:

Current Treatment(s)†	Start Date	Dosage
[Drug name]	**[MM/YY]**	**[Dose]**
[Drug name]	**[MM/YY]**	**[Dose]**

Currently, my patient has the following unresolved signs and symptoms:

- **[Sign/Symptom 1]**
- **[Sign/Symptom 2]**

Based on the patient's history outlined above, the FDA-approved indication, and current standards of care, I consider XIIDRA® to be medically necessary for treating my patient's DED. This is fully consistent with both the FDA-approved indication and the current standards of care. Please contact me if I can provide you with any additional information to approve my request.

Sincerely,

[Physician's name and signature]

[Physician's medical specialty] [Physician's NPI]

[Physician's practice name]

[Phone #] [Fax #]

Enclosures: ***[Medical records, photo(s), Letter of Medical Necessity, statement of financial hardship, claim number, written response to denial]***

NPI, National Provider Identifier
†Identify drug name, strength, dosage form, and therapeutic outcome.

Indication

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

- Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.
- In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.
- To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.
- Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.
- Safety and efficacy in pediatric patients below the age of 17 years have not been established.

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

Please click here for Full Prescribing Information for XIIDRA.

Reference: 1. XIIDRA®. Prescribing Information. Bausch & Lomb, Inc; 2023.