



## Composing an Appeal Letter for patients who have been prescribed OXERVATE®

If your patient's insurance plan denies coverage for OXERVATE, your patient has the right to submit an appeal. You can support your patient's appeal by providing a letter with additional details about the clinical, decision-making rationale for your prescription of OXERVATE for this particular patient.

### Why was my patient's coverage denied?

Coverage may be denied for various reasons such as:

- Simple errors on the form, including coding errors
- Failure to obtain or document necessary prior authorization information
- Payer determining that the treatment is not covered

### How do prior authorizations impact appeals?

The prior authorization could help you avoid this step entirely

- Completing the prior authorization correctly and entirely can often prevent a payer from denying coverage, depending on the payer's reason for denial

### Writing a letter in support of an appeal?

- 1** If the patient's health insurance plan denies coverage, **the plan will provide written documentation to your office with details and steps needed to be taken in order to appeal the decision.**
  - a. *Important tip:* Carefully read the details provided by the plan and understand all requirements needed for this patient's appeal. It is critical to identify if the plan set a deadline for your appeal submission.
- 2** **Gather supporting documentation required by the payer**
- 3** **Compose the Letter:** Ensure you are including all the information and fulfilling any requirements of the patient's denial letter and the laws applicable to your practice (see backside for an example)
  - a. Patient identifiable information and payer identifiers, including case ID# with the payer
  - b. Payer specifics such as name of Medical Director, name of Payer contact, and payer address
  - c. Summary of patient diagnosis with correct ICD10 code(s) and prior treatment history
  - d. Your clinical rationale which may be bolstered by attaching the full prescribing information that includes the efficacy and safety information from clinical trials
    - i. The OXERVATE USPI can be found [here](#)
- 4** **Send the Letter:** the letter and the supporting documentation should be sent to the plan within the **timeframe designated in the denial letter**
  - a. Review time can vary depending on the payer, however, the plan will indicate the review time in the denial letter
  - b. The patient can contact the plan to verify status of the appeal

See page 2 for sample letter of appeal

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<p>Be sure to print the letter on the physician's letterhead.</p>	<p>Physician Letterhead</p>
<p>Read through the details of the denial letter from the Payer and be sure to send the appeal within the time frame they require.</p>	<p>[Date]</p> <p>Attn: [Contact Title/Medical Director]              [Payer Contact Name]              [Payer Name]              [Payer Address]</p> <p>[Name of Physician]              [Physician's Phone #]              [Physician's Address]</p>
<p>Learn the reasons for the denial by reviewing the details of the denial letter.</p>	<p>RE: [Patient's Name] appeal for coverage of Oxervate®              [Patient's reference number]</p>
<p><u>ICD10 Codes suggested for use for NK:</u>              H16.011, H16.012, H16.001, H16.002, H16.231, H16.232, H18.811, H18.812</p>	<p>Patient: [Name of Patient]              DOB: [MM/DD/YYYY]              Subscriber ID Number: [Insurance ID Number]              Subscriber Group Number: [Insurance Group Number]              Case ID Number: [Case ID Number]              Dates of Service: [Dates]</p>
<p><i>Disclaimer:</i> Coding is at the discretion of the treating physician.</p>	<p>Dear [Payer Contact Name/Medical Director]:</p> <p>Please accept this letter as an appeal for [Patient's Name] in response to [Plan Name]'s decision to deny my patient coverage for Oxervate. It is my understanding based on your letter dated [Date], that Oxervate has been denied because [quote the specific reason for denial stated in the denial letter].</p>
<p>The paragraph can be changed or added to, so that it addresses your patient's specific needs and reason to overturn the denial.</p>	<p>My patient was diagnosed with neurotrophic keratitis [Diagnosis/ICD10 code(s)]. As [Patient's Name]'s physician, I know my patient will benefit from Oxervate and I find treatment with Oxervate medically necessary.</p> <ul style="list-style-type: none"> <li>• Oxervate is the only FDA approved treatment indicated for neurotrophic keratitis<sup>1</sup></li> <li>• Neurotrophic keratitis is a progressive disease and should be treated as early as possible<sup>2</sup></li> <li>• Oxervate is FDA approved for Stages I, II, and III<sup>1</sup></li> </ul> <p>I am asking [Payer Name] to reconsider the coverage decision for [Patient's Name] and approve Oxervate treatment as quickly as possible. If you require further information or would like to speak with me directly, please contact me at [Physician's Phone #]. I appreciate your prompt action to this matter.</p>
<p>The USPI can be found <a href="#">here</a>.</p>	<p>Sincerely,</p> <p>[Physician Name &amp; Credentials]</p> <p>Enclosures:              [List attachments and enclosures such as the Oxervate USPI, FDA approval letter, and clinical notes]</p>

This is just a sample letter, and not an actual letter. Appeal approval can vary.

1. OXERVATE® (cenegermin-bkjb) ophthalmic solution 0.002% (20 mcg/mL) [US package insert]. Boston, MA: Dompé U.S. Inc.; 2019.  
 2. Versura, P, et al. neurotrophic keratitis: current challenges and future prospects. Eye Brain 2018; 10:37-45.

Please click [here](#) for **FULL PRESCRIBING INFORMATION** for OXERVATE