[Date] Name: [Patient’s Name]

[Health Plan Name] DOB: [XX/XX/XXXX]

ATTN: [Department] Patient Policy ID Number: [Policy ID #]

[Medical/Pharmacy Director Name] Reference Number: [Reference #]

[Health plan address] Date(s) of Service: [XX/XX/XXXX]

[City, State Zip]

Re: Letter of Appeal for ZEPOSIA® (ozanimod)

Dear [Medical/Pharmacy Director Name],

I am writing on behalf of [patient’s name] to request reconsideration of your denial of coverage for ZEPOSIA® (ozanimod) for the treatment of [diagnosis], *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis code [diagnosis code]. Your reason[s] for the denial [is/are] [reason(s)].

Based on my experience with treating patients with [diagnosis], ICD-10-CM diagnosis code [diagnosis code], and the patient’s condition and medical history, I believe treatment with [current drug name] should be discontinued and replaced with ZEPOSIA as it is appropriate and medically necessary. This letter provides the clinical rationale and relevant information about the patient’s medical history and treatment.

ZEPOSIA is a sphingosine 1-phosphate receptor modulator that was approved by the US Food and Drug Administration in 2021 for the treatment of moderately to severely active ulcerative colitis (UC) in adults.

The patient is [a/an age]-year-old [male/female/other gender identification] who was diagnosed with [diagnosis] on [date]. Below is the rationale for prescribing ZEPOSIA based on my patient’s disease summary.

[Insert disease summary]

[Supporting information as requested by the plan in the denial letter]

This is my [level of request] prior authorization appeal. A copy of the [level of denial] denial letter is included along with medical notes in response to the denial. Considering the patient’s history and condition, I believe treatment with ZEPOSIA is medically necessary for my patient.

Please contact me at [physician’s phone number] or via email at [physician’s email] should you have questions or need additional information.

Thank you for your time and immediate attention to this request.

Sincerely,

[Provider name, contact information, and signature]

Enclosures: [List and attach additional documents to support your treatment rationale]