

[Physician letterhead]

NOTE: If not written on letterhead, ensure contact details are provided in closing.

[Date]

ATTN: [Name of prior authorization department]

[Contact name (if available)]

[Health plan name]

[Health plan address]

[City, State ZIP]

Re: Appeal for Denial of Tyrvaya®

[Patient name]

[Date of birth]

[Insurance ID number]

[Insurance group number]

To The Health Plan Administrator:

I am writing to you on behalf of my patient, [Patient name], to request coverage for **Tyrvaya® (varenicline solution) nasal spray 0.03 mg**, which I have prescribed on [date]. Please approve this medication, as [please provide your clinical rationale, such as alternative therapies are insufficient/it has provided relief in the past and must be restarted].

It is my understanding based on [insurance company's name] letter of [date] that this therapy has been denied because [quote the specific reason for the denial stated in denial letter]. I am a specialist in [name of specialty/board certification and any other pertinent qualifications], and in my clinical judgment Tyrvaya is both appropriate and medically necessary for this patient.

[Patient name] is [#] years old, and has been in my care since [date].

- [Diagnosis with ICD-10-CM code
 - Tests conducted and results to confirm diagnosis
- Symptoms, severity, and duration
- Other considerations e.g. intolerance to eyedrops, inability to administer eyedrops, patient lifestyle limitations, impact to patient's ability to perform normal daily activities
- Description of failed alternatives, including OTC options

I am enclosing clinical documentation to further support the medical necessity of Tyrvaya for this patient]

I urge you to provide coverage at this time. Thank you for your consideration of this appeal. If you have any questions, please contact me at [phone/e-mail/my office].

Sincerely,

[Physician signature]

Enclosures

[Please consider the appropriate attachments relevant to your patient's case. Note that some plans may require letters of appeal to be supported by clinical studies referenced in the PI.]

List additional documents, which may include:

- Denial letter
- Prescribing Information/FDA Approval Letter
- Relevant clinical trials or practice guidelines
- Clinical notes/medical records]