

Professional Prescription Appeal Email

Subject: Urgent Appeal - Prescription Coverage Denial for [Medication Name]

Dear Pharmacy Benefits Manager,

I am requesting an expedited appeal for the recent denial of coverage for my prescribed medication [Medication Name]. This denial puts my health at serious risk and requires immediate reconsideration.

My physician prescribed this medication as the most effective treatment for my condition after trying several alternatives that proved ineffective or caused adverse reactions. The generic alternatives you suggested are not medically appropriate for my specific case.

I have attached a detailed letter from my prescribing physician explaining why this specific medication is medically necessary and why alternatives are not suitable. Additionally, I am including documentation of my medical history and previous failed treatments.

This medication is essential for maintaining my quality of life and preventing serious health complications. I trust you will expedite this review given the urgent nature of my medical needs.

Please contact me immediately at [phone number] with your decision. Time is of critical importance in this matter.

Respectfully,

[Your Name]

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