Appeal for denied prescription medication

Subject: Appeal for Denied Prescription Medication

Dear [Insurance Company],

I am writing to appeal the denial of coverage for my prescribed medication, [Medication Name]. My physician, Dr. [Name], has deemed this medication medically necessary for managing my condition.

The denial reason was [state reason], but alternative medications are either ineffective or cause severe side effects. I have attached a supporting letter from my physician, along with medical records documenting prior treatment attempts.

I kindly request a reconsideration so I can access the treatment necessary for my health.

Thank you,

[Your Name]