# Sample Appeal Letter from a Specialist

**This sample is applicable to 32-35 wGA infants with risk factors**

**@logoimage@**

**@today@**

Dear **@insurance@**

This letter is to appeal the denial of Synagis (palivizumab) therapy for **@name@** with denial reference of \*\*\*. Synagis is medically necessary for this patient and is an FDA-approved product for the prophylaxis of severe respiratory syncytial virus (RSV) disease in infants and children at high risk for severe RSV disease.

# Patient history and diagnosis

**@name@** is a **@gestational age@** with additional risks of **\*\*\*.** For these reasons **he/she** requires Synagis to reduce **his/her** risk of contracting RSV in the upcoming RSV season.

# Medical necessity of therapy

Synagis is indicated for the prevention of serious lower respiratory tract infection caused by RSV in children with a history of prematurity (35 weeks gestational age) Chronic lung disease, such as, bronchopulmonary dysplasia (BPD), and hemodynamically significant heart disease. Synagis therapy has been shown to produce a significant reduction in the incidence of RSV-related hospitalization and ICU admissions among hospitalized infants compared with placebo recipients. Synagis injections are recommended October through April in this area of the country. One injection of 15 mg/kg, every 28 days, provides optimal coverage.

I can provide, upon request, a copy of the full prescribing information, as well as a list of studies documenting the effectiveness of Synagis in the prevention of severe RSV disease.

Sincerely,

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