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Cover Page for Letter of Appeal Template for Auvelity[®] (dextromethorphan-bupropion)

**The following page is a template that may be customized to use as
a letter of appeal for a patient with a denied claim for AUVELITY.**

<Date>

ATTENTION: <Medical Director Name and/or Medical Review/Appeals>

<Payer/Health Plan Name>

<Payer Address>

REGARDING: Denied Claim for Auvelity® (dextromethorphan-bupropion) extended-release tablets

PATIENT NAME: <Patient Name>

DATE OF BIRTH: <Patient Date of Birth>

POLICY ID NUMBER: <Patient Policy ID Number>

PROVIDER ID NUMBER: <Provider ID Number>

<Optional: Claim rejection number>

Dear <Health Plan Contact Name>:

I am writing to appeal the denied claim for AUVELITY for my patient, <Patient Name>, for which the reason for denial was <quote the specific reason for denial in denial letter>. I have prescribed AUVELITY because this patient has been diagnosed with major depressive disorder (MDD). Attached to this request are clinical notes regarding this patient's disease state and the AUVELITY package insert.

AUVELITY is indicated for the treatment of MDD in adults. The following is the medical history of <Patient Name> and the rationale for treatment with AUVELITY.

Date of Diagnosis	<MM/DD/YY>
Diagnosis	<ICD-10 code>
Summary of clinical symptoms	<ul style="list-style-type: none">• <Patient's current condition, including an overview of symptoms and quality of life or functional impairment as applicable>• <Evaluation test score(s)>• <Prognosis without treatment>
Previous and current treatment regimens	<If applicable, include previous and current pharmacologic treatments for MDD, including drug name, dates of use, and reasons for stopping>

<Restate the denial reason and your clinical rationale for why the denial should be overturned and why AUVELITY is medically necessary for this patient.>

Thank you for taking the time to read this letter. I believe treatment with AUVELITY is appropriate for this patient. I look forward to your prompt review of this request.

Best regards,

<Physician Signature>

<Physician Name>

<Physician Contact Information>

ATTACHMENTS:

- AUVELITY package insert/prescribing information
- Patient clinical notes and other relevant supporting documentation