

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Address]  
[City, State, Zip Code]

Subject: Appeal for Coverage of Xolair (Patient Name: [Patient's Name],  
Policy Number: [Policy Number])

Dear [Insurance Company Name] Appeals Department,

I am writing to formally appeal the denial of coverage for Xolair (omalizumab) for [Patient's Name], as outlined in your letter dated [Date of Denial Letter]. Xolair is a critical treatment for [specific medical condition] and is medically necessary for managing [Patient's Name]'s symptoms and improving their quality of life.

[Patient's Name] has been diagnosed with [specific diagnosis] and has tried multiple treatments, including [list previous treatments attempted], without success. Our physician, [Physician's Name], has recommended Xolair as a viable treatment option due to its efficacy and [specific reasons for necessity, e.g., previous treatment failures, severity of condition].

Enclosed with this letter, you will find the following documentation to support this appeal:

1. A letter from [Physician's Name] detailing the medical necessity of Xolair for [Patient's Name].
2. Relevant medical records demonstrating [Patient's Name]'s condition and treatment history.
3. Clinical studies and guidelines supporting the use of Xolair for [specific condition].
4. [Any additional relevant documents, if applicable].

We believe that covering Xolair is not only essential for [Patient's Name]'s health but also aligns with the standards of care for [specific medical condition].

Thank you for your timely attention to this matter. We look forward to your prompt response and a favorable reconsideration of this request.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient] (if applicable)

Enclosures: [List of enclosed documents]