For the benefit of patients for whom you prescribe DIACOMIT, we are providing this sample letter of appeal, which can be customized by your office and submitted to insurers as part of the prior authorization, medical exception, or pre-determination process. This sample includes general information on Dravet syndrome and DIACOMIT. You may use this to supplement your patient-specific assessment, clinical judgement and rationale for the medical necessity of DIACOMIT. Please fax this letter to **Biocodex By Your Side** at 833-871-4137 and send a copy to the patient.

If you would like more information on how to utilize this template letter, please contact **Biocodex By Your Side** by calling toll-free at 833-248-0467, Monday through Friday, 8 AM to 8 PM EST.

**\*\*\*Remove this section prior to sending this letter\*\*\***



**[Practice Letterhead]**

**[Date]**

**[Name of Medical Director] [Title] [Name of Insurer]**

**[Address of Insurer]**

**[City, State, Zip Code]**

**Re: [Patient Name]**

**[Patient ID Number]
[Diagnosis Code(s) and Description(s)]**

This letter serves as a request for reconsideration for payment of a denied **[prior authorization request, formulary exception, claim]** for DIACOMIT® (stiripentol) for **[patient’s full name]**. **[Name of patient]** has been under my care for **[his/her/their]** treatment of seizures associated with Dravet syndrome for **[number of years]**. You have indicated that access to DIACOMIT is prevented by **[insurance company** **name]** because of **[reason for denial]**.

**[Provide a brief overview of the patient’s clinical course of the disease which may include: working diagnosis prior to DS confirmation, diagnosis prior to confirmation of any gene mutations, response to any antiepileptic drugs taken (such as clobazam [CLP] or valproic acid [VPA]), occurrence of myoclonic seizures and ataxia, occurrence of developmental delay, mental retardation, psychiatric and behavior problems, orthopedic and movement issues, and sleep disorders.]**

DIACOMIT is an FDA-approved medication indicated for the treatment of seizures associated with Dravet syndrome (DS) in patients taking clobazam who are 6 months of age and older and weighing 7 kg or more. There are no clinical data to support the use of DIACOMIT as monotherapy in Dravet syndrome. For more information, please see the full Prescribing Information at: [www.diacomit.com/PI](http://www.diacomit.com/PI)

DIACOMIT is a medically necessary part of **[name of patient]**’s treatment. I respectfully request that a specialist at your **[insurance company name]** who is familiar with this therapeutic area review this appeal letter with the additional documentation provided. I am confident that your reconsideration of this appeal would help facilitate access to DIACOMIT for **[name of patient]**. Please contact me at **[(XXX) XXX-XXXX]** if you require additional information.

Sincerely,
**[Physician’s name and title]**

Enclosures: **[Please list and include any additional clinic notes, prescribing Information, FDA approval letter, other supportive medical literature]**