[Date]

[Name of contact person at insurance company]

[Insurance company name]

[Address]

[City, State, Zip]

Re: [Your name]

[Your insurance group/policy number]

[Type of coverage]

Skyclarys denial [date of denial]

[Reason for denial]

Dear [name of contact person at insurance company]:

[I/my child] recently received a denial for Skyclarys (omaveloxolone) because it is believed that [I do not meet criteria for this medication/this medication is not medically necessary/insurance company’s stated reason for denial]. I am writing to appeal this denial, as it is not within the guidelines approved by the U.S. Food and Drug Administration (FDA) for Skyclarys.

[I/my child] was diagnosed with Friedreich’s ataxia (FA) [] years ago. FA is a relentlessly progressive disease [describe how FA affects your daily life – independence, daily activities, loss of skills, etc]. Since [my/my child’s diagnosis], [I/we] have worked with [physician’s name who prescribed Skyclarys] to manage the symptoms of [my/his/her] disease through [list current medications/supplements, physical/occupational/speech therapists, other specialists, etc]. As the first and only approved treatment for FA, Skyclarys will improve [my/my child’s] quality of life by slowing progression of [my/his/her] neurological symptoms.

For this reason, I am writing to provide you more information about Skyclarys. This is the first approved therapy that addresses the root cause of FA, mitochondrial dysfunction. As an Nrf2 activator, Skyclarys works to improve mitochondrial function and energy output. In clinical trials, Skyclarys was shown to have a favorable tolerability and safety profile, as well as slow progression of neurological symptoms.

It is my understanding that [I/my child] was denied coverage of Skyclarys due to [reason for denial, ex: the fact that I am non-ambulatory, I have pes cavus, etc]. I implore you to reconsider this decision, as the FDA approved Skyclarys to be used for all patients with genetically confirmed FA over the age of 16, a category which [I/my child] fall[s] into. While the clinical trials of omaveloxolone had criteria on age and functional status, the drug was approved for broader use because it demonstrated slowing of disease progression, a finding which is applicable to all individuals living with FA.

I ask that you overturn the denial and provide coverage for Skyclarys based on the information above. Should you have any questions, please do not hesitate to call me at [phone number]. Thank you for your attention regarding this important issue.

Sincerely,

[Name/signature]