Date: [Date]

TO: [Health Insurance Company Name]
ATTN: Pharmacy Utilization Management / Medical Director
FAX: [Fax Number]

RE: Peer-to-Peer Review Summary and Formal Authorization Request
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID]
Case/Reference #: [Reference Number]

Dear Medical Director,

This letter follows the peer-to-peer discussion held on [Date] between [Physician Name] and [Insurance Reviewer Name] regarding the denial of the following medication:

Requested Medication: [Medication Name, Dosage, and Frequency]

Clinical Justification Summary:

- **Diagnosis:** [Diagnosis Name and ICD-10 Code]
- **Clinical Status:** [Briefly describe patient severity or stability]
- **Prior Treatment Failures:** [List medications tried and why they failed, e.g., side effects or lack of efficacy]
- **Contraindications:** [List reasons why formulary alternatives cannot be used]

Peer-to-Peer Discussion Outcome:
During our discussion, it was noted that [Summarize key points from the call, e.g., the reviewer acknowledged the patient's unique history or requested specific documentation]. Based on the clinical evidence provided, this medication is medically necessary for the patient to prevent [List risks, e.g., hospitalization, disease progression].

I am formally requesting an immediate reversal of the prior denial and authorization for this treatment. Delay in therapy poses a significant risk to the patient's health.

If you require additional information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Practice Name]
[NPI Number]