**Template Letter to NC Department of Insurance**

**For Use Following Denial of Prior Authorization**

***Complete the highlighted portions and send as an addendum to the
NCDOI*** [***Online Complaint Form***](https://secure1.ncdoi.net/consumer/conCompForm.jsp) ***or PDF Complaint Form.***

N.C. Department of Insurance

Consumer Services Division

1201 Mail Service Center

Raleigh, NC 27699-1201

**Re: Provider Complaint Regarding Prescription Drug Prior Authorization and [Insurance Company Name]**

Patient Name: XYZ

Patient’s Insurance Company and Policy Number: XYZ

On [prescription/PA denial date], my patient’s insurance company, [Insurance Company Name], denied coverage for a medication that I prescribed in accordance with my medical training as part of my treatment for the patient.

The prescription was written for [dosing, Rx name, etc.] to treat the patient’s existing condition and diagnoses.

[Insert brief patient details including rationale for prescribing (i.e. stable on medication for XX years, have tried other combinations which are included in the formulary unsuccessfully, etc.)]

It is my opinion that this prescription denial violates N.C.G.S. §58-3-221(a)4 *“Provide coverage for a restricted access drug or device to an enrollee without requiring prior approval or use of a nonrestricted formulary drug if an enrollee's physician certifies in writing that the enrollee has previously used an alternative nonrestricted access drug or device and the alternative drug or device has been detrimental to the enrollee's health or has been ineffective in treating the same condition and, in the opinion of the prescribing physician, is likely to be detrimental to the enrollee's health or ineffective in treating the condition again.”*

I am a licensed [and board certified] physician who has assumed clinical responsibility, and personally examined the above captioned patient. I have training, experience, knowledge, and an awareness of the medical literature relevant to this patient’s presenting complaints.

In considering all the relevant evidence available, it is my professional opinion that it is medically necessary for this patient to receive the treatment and/or medication(s) in the manner (dose, brand, quantity, and schedule) prescribed. Individualized assessment and sound clinical judgment are the primary considerations in all treatment decisions. Therefore, it is prudent to treat a patient, not a diagnosis. The AMA has formally warned that “some actions by pharmacy benefit managers and others may constitute the practice of medicine without a license.”

The patient currently has [existing amount of medication] supply of the medication on hand and needs to continue treatment to remain stable and healthy. An emergency supply of medication must be provided until this issue is resolved. It is of great concern to me that [Insurance Company Name] has denied this prescription coverage when [patient name] has been stable on this medication. I have advised my patient to also submit a consumer complaint with the NC Department of Insurance. Also a copy of this form shall be retained in the patient’s chart for further reference.

Respectfully,

DOCTOR NAME