

## Free sample Ozempic appeal letter template

You can use the template below as a starting point for your own letter. Remember to replace the bracketed information with your specific details.

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Insurance Company Name]  
Appeals Department  
[Insurance Company Address]

RE: APPEAL FOR OZEMPIC COVERAGE DENIAL

Member Name: [Your Full Name]  
Member ID: [Your Policy/Member ID Number]  
Date of Birth: [Your DOB]  
Denial Date: [Date from denial letter]  
Medication: Ozempic (semaglutide)

Dear Appeals Review Committee,

I am writing to formally appeal the denial of coverage for Ozempic dated [date of denial letter]. Your denial stated the reason was "[quote the exact reason from your denial letter]." After reviewing my medical history and my plan's coverage terms, I believe this denial was in error. I respectfully request you overturn this decision.

### **\*\*My Medical History and Diagnosis\*\***

I have been diagnosed with Type 2 Diabetes since [date]. My current BMI is [number], and I also manage the following weight-related comorbidities: [list conditions like hypertension or high cholesterol]. Despite concerted efforts, including [list previous attempts like specific diets, exercise programs, or medications], I have been unable to achieve sustainable weight loss or adequate glycemic control.

Prior to being prescribed Ozempic, my doctor and I tried the following interventions: [list previous medications, e.g., metformin]. These proved insufficient because [explain reasons, e.g., "metformin caused severe gastrointestinal side effects" or "I did not achieve my target A1c"].

### **\*\*Medical Necessity and Supporting Evidence\*\***

My physician, Dr. [Physician's Name], a board-certified [specialty], has determined that Ozempic is medically necessary for my condition. Ozempic is FDA-approved for improving blood sugar control in adults with Type 2 Diabetes. My most recent lab results show an A1c of [number], which is above the recommended target.

My need for this specific medication is supported by the following:

- \* I have a documented intolerance to alternative medications.
- \* Ozempic addresses multiple aspects of my health, including blood sugar and cardiovascular risk.
- \* Clinical guidelines from the American Diabetes Association support the use of GLP-1 receptor agonists like Ozempic for patients with my profile.

**\*\*Response to Denial Reason\*\***

[Choose the relevant response below:]

- \* If denied for step therapy: "I have already tried and failed on [list medications], satisfying any step therapy requirements. Repeating these treatments would be ineffective and detrimental to my health."
- \* If denied as "not medically necessary": "This determination contradicts established medical guidelines and the clinical judgment of my physician. This medication is essential for managing my chronic disease."

**\*\*Enclosed Documentation\*\***

I have enclosed the following documents to support my appeal:

1. Letter of Medical Necessity from Dr. [Physician's Name]
2. Recent lab results (A1c, fasting glucose)
3. Medical records documenting my diagnosis and treatment history
4. Summary of my previous treatment attempts

Based on this evidence, I request you approve coverage for Ozempic immediately. Delaying this treatment risks worsening my health. Thank you for your prompt attention to this matter.

Sincerely,  
[Your Signature]  
[Your Printed Name]

*Source: Adapted from Counterforce Health*