**Letter of Denial Appeal Template**

[Physician practice letterhead]

[Contact name] Re: [Insured patient full name]

[Insurance company] [Patient date of birth]

[Insurance company street address] Policy number: [policy number]

[Insurance company city, state, ZIP] Group number: [group number]

[Date]

Subject: Appealing coverage denial for EXPAREL® (bupivacaine liposome injectable suspension)

Dear [contact name],

I am writing on behalf of [patient name] to appeal the denial of coverage for EXPAREL. In a letter dated [date of denial letter], [insurance company name] stated that EXPAREL is not covered because [reason(s) for denial]. I have reviewed your letter, and based on a clinical assessment of my patient, I believe EXPAREL was medically necessary for my patient and request that you reconsider this coverage decision.

EXPAREL is approved by the FDA for postsurgical pain management in patients who have undergone [surgical procedure]. It has been clinically proven to [describe results of clinical studies including the impact on pain and opioid consumption] in these patients. EXPAREL was medically necessary for [patient name] because:

* [There was a need for opioid-minimizing strategies]
* [The patient was not a candidate for a catheter]
* [There was a need for long-acting pain management]
* [(Other reason)]

I have enclosed additional documentation that further supports treatment with EXPAREL and should address the concerns laid out in the denial letter. Based upon the additional documentation submitted, I ask that you consider reversing the previous denial of EXPAREL. I can be reached at [physician phone number] or [physician email address] if additional information is required for approval of this request. [You can find additional information about EXPAREL at [www.EXPARELpro.com](http://www.EXPARELpro.com).]

Thank you for your attention to this very important matter.

Sincerely,

[Physician name]

[Physician phone number]

[Practice name]

[Practice address]

**Enclosures** (suggested):

[Drug name] FDA approval letter

[Drug name] Prescribing Information

Original denial letter

PP-EX-US-10037 04/25

Relevant medical records