

Date

RE: Patient Name

DOB: Patient Date of Birth

To Whom It May Concern:

My patient Name has been diagnosed with idiopathic hypersomnia/narcolepsy type 2. She is refractory to over 30 medications, with the single exception of Xyrem. Without Xyrem, she experiences worsening of her symptoms, including increased overnight sleep, sleep inertia, and increased pain.

I am compelled to seek the best medical care for my patient. Thus, I recommend immediate resumption of Xyrem.

This letter is a request that X insurer approve Xyrem as soon as possible. Further delay of this medically necessary treatment will jeopardize her health. I request that this appeal be considered urgent and be expedited.

Sincerely,

Dr. Y