

Drug Pricing Adjustment Appeal

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal the recent decision regarding the pricing adjustment for my prescription medication, [Medication Name], under [specific program or plan]. I believe that the adjustment made does not accurately reflect my needs and the medical necessity of this medication.

I have been prescribed [Medication Name] for [condition], and my healthcare provider, [Provider's Name], strongly recommends its continued use. The recent pricing adjustment has created a significant financial burden, making it challenging for me to afford my necessary medications.

Attached to this letter are [any supporting documents, e.g., medical records, provider letters, etc.] that demonstrate the importance of this medication for my health condition and outline the financial ramifications of the current pricing.

I kindly request a review of this appeal and reconsideration of the pricing adjustment. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]