Templates for Letters of Necessity for Patient Submission to Insurance Companies

These letters are templates to help guide you in writing appeal letters to your insurance company to help overturn medication denials. Please include any relevant information that applies to your migraine; some options are underlined to help provide common occurrences, but please choose the ones that apply best to you. Some of your experiences may not be written here, but please include any relevant information!

Preventive Treatments
- CGRP Preventives- Monoclonal Antibodies (Ajovy, Emgality, Aimovig, Vyepti)
- Gepant (Qulipta)
- Onabotulinum Toxin A (Botox)

To Whom It May Concern:

My name is (name, date of birth) and I have a diagnosis of (Episodic vs Chronic) migraine, as diagnosed by a neurologist. I have tried several preventive medications for the treatment of migraine: medication #1 (duration of treatment, ineffective vs not tolerated due to side effects), and medication #2 (duration of treatment, ineffective vs not tolerated due to side effects).

My migraine attacks are debilitating: in addition to severe headaches, I also experience (nausea, vomiting, light sensitivity, sound sensitivity, smell sensitivity, difficulty with concentration, blurry vision, others). These symptoms prevent me from (working, driving a car, taking care of kids, others).

Due to the failure of other medications as listed above, and the debilitating nature of my migraines, my neurologist has recommended further preventive treatment with (insert name of medication here). This medication is FDA-approved for the treatment of migraine. Given the information I have provided here, I hope you revisit your initial denial of (insert name of medication here) and please approve its use for the prevention of my migraine.

Thank you for your time,
(insert name here)

Acute Treatments
- Gepants (Nurtec, Ubrelvy)
- Lasmiditan (Reyvow)
- DHE nasal spray (Migranal, Trudhesa)

To Whom It May Concern:

My name is (name, date of birth) and I have a diagnosis of (Episodic vs Chronic) migraine, as diagnosed by a neurologist. I have tried several medications for the acute treatment of migraine: medication #1 (duration of treatment, ineffective vs not tolerated due to side effects), and medication #2 (duration of treatment, ineffective vs not tolerated due to side effects). **OR** I am unable to use the triptan class of medications due to a history of (uncontrolled high blood pressure, stroke, vascular disease) which is a contraindication to these medications.

My migraines are debilitating: in addition to severe headaches, I also experience (nausea, vomiting, light sensitivity, sound sensitivity, smell sensitivity, difficulty with concentration, blurry vision, and others). These symptoms prevent me from (working, driving a car, taking care of kids, and others).

Due to the failure of other medications as listed above, and the debilitating nature of my migraines, my neurologist has recommended further acute treatment with (insert name of medication here) to help manage peak levels of pain. This medication is FDA-approved for the treatment of migraine. Given the information I have provided here, I hope you revisit your initial denial of (insert name of medication here) and please approve its use for rescue treatment of my migraine.

Thank you for your time,
(insert name here)

This template was created by Dr. Andrew Day and Dr. Kathleen Sellick from D.C.