

Sample appeal letter for denial of DUPIXENT® (dupilumab) due to severity

This letter provides an example of the information that may be required when appealing a denial decision for DUPIXENT® (dupilumab) from a patient's health plan. Use of the information in this letter does not guarantee that the health plan will provide reimbursement for DUPIXENT and is not intended to be a substitute for or to influence the independent medical judgment of the physician.

Some key reminders

- You may consider a letter like this if coverage is denied because your patient's condition did not meet the plan's severity criteria for treatment with DUPIXENT
- Appeal letters should be signed by **both** the patient and the physician
- Be sure to populate an appropriate *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* code based on your patient's diagnosis

Checklist summary

- Appeal form recommended by health plan
- Chart notes
 - Date of initial diagnosis
 - Relevant health conditions or symptoms
 - Response to all prior therapies (oral corticosteroids or intranasal corticosteroids)
 - Date and result of last endoscopy
 - Date and result of last computed tomography (CT) scan
 - Date and result of prior functional endoscopic sinus surgery (FESS) and/or polypectomy
- Explanation of why the patient's recent symptoms, severity of condition, and impact of disease warrant treatment with DUPIXENT
- History prior to your care, if applicable
- Supportive literature
- DUPIXENT Prescribing Information
- Patient's narrative

INDICATION

DUPIXENT is indicated as an add-on maintenance treatment in adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION: DUPIXENT is contraindicated in patients with known hypersensitivity to dupilumab or any of its excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including anaphylaxis, serum sickness or serum sickness-like reactions, angioedema, generalized urticaria, rash, erythema nodosum, and erythema multiforme have been reported. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

Please see additional Important Safety Information throughout. [Click here](#) for full Prescribing Information.

[Insert office letterhead here]

EXAMPLE

[Date]
[Plan name]
[Plan Street address]
[Plan City, State ZIP code]

Re: [Patient Full Name]
Date of birth: [Patient date of birth]
Member ID: [Patient ID number]
Group number: [Patient group number]

Dear [Contact Name]:

This letter serves as the [first/second] appeal for approval of DUPIXENT® (dupilumab), which was originally denied to [Patient Full Name] on [Date of Denial] because the patient's condition did not meet the plan's severity criteria based on [indicate reasoning mentioned in denial letter].

Since [Date], [Patient Full Name] has been under my care for [diagnosis] (ICD-10-CM code: [insert code]). I have included a detailed explanation of the severity of [Patient's First Name]'s disease, information about [his/her] medical history, a statement summarizing my treatment rationale, and a copy of the Prescribing Information for DUPIXENT, which is indicated for this condition.

Current symptoms and conditions:

[Indicate any relevant health conditions such as uncontrolled chronic rhinosinusitis with nasal polyps]
[Indicate any symptoms such as nasal congestion or loss of smell, etc]

Summary of patient history:

- [Response to all prior therapies (oral corticosteroids or intranasal corticosteroids)]
- [Date and result of last endoscopy]
- [Date and result of last CT scan]
- [Prior surgeries, such as prior FESS and/or polypectomy]

[Explain why patient's recent symptoms, severity of condition, and impact of disease warrant treatment with DUPIXENT]

In order for me to provide appropriate care for my patient, it is important that [Plan Name] provide adequate coverage for this treatment. Please call me at [Primary Treating Site Phone Number] if I can be of further assistance or you require additional information. Thank you in advance for your immediate attention and prompt review of this request.

Sincerely,

[Treating Physician's Signature]
[Treating Physician's Name, MD/DO/NP/PA]

[Patient/Legal Representative's Signature, if required]
[Patient/Legal Representative's Name]

Enclosures: [See Checklist on previous page]

IMPORTANT SAFETY INFORMATION for DUPIXENT® (dupilumab) (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Conjunctivitis and Keratitis: Conjunctivitis occurred more frequently in adult subjects with chronic rhinosinusitis with nasal polyps who received DUPIXENT compared to those who received placebo. There were no cases of keratitis reported in the CRSwNP development program. Conjunctivitis and keratitis have been reported with DUPIXENT in post-marketing settings, with some patients reporting visual disturbances (e.g. blurred vision). Advise patients or their caregivers to report new-onset or worsening eye symptoms. Consider ophthalmological examination for patients who develop conjunctivitis that does not resolve following standard treatment or signs and symptoms suggestive of keratitis, as appropriate.

Eosinophilic Conditions: Patients being treated for asthma may present with clinical features of eosinophilic pneumonia or eosinophilic granulomatosis with polyangiitis (EGPA). These events may be associated with the reduction of oral corticosteroid therapy. Healthcare providers should be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, kidney injury, and/or neuropathy presenting in their patients with eosinophilia. Cases of eosinophilic pneumonia were reported in adults who participated in the asthma development program and cases of EGPA have been reported with DUPIXENT in adults who participated in the asthma development program as well as in adults with co-morbid asthma in the CRSwNP development program. Advise patients to report signs of eosinophilic pneumonia and EGPA. Consider withholding DUPIXENT if eosinophilic pneumonia or EGPA are suspected.

Risk Associated with Abrupt Reduction of Corticosteroid Dosage: Do not discontinue systemic, topical, or inhaled corticosteroids abruptly upon initiation of DUPIXENT. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Patients with Co-morbid Asthma: Advise patients with co-morbid asthma not to adjust or stop their asthma treatments without consultation with their physicians.

Arthralgia and Psoriatic Arthritis: Arthralgia has been reported with use of DUPIXENT with some patients reporting gait disturbances or decreased mobility associated with joint symptoms; some cases resulted in hospitalization. Cases of new-onset psoriatic arthritis requiring systemic treatment have been reported with the use of DUPIXENT. Advise patients to report new-onset or worsening joint symptoms. If the symptoms persist or worsen, consider rheumatological evaluation and/or discontinuation of DUPIXENT.

Parasitic (Helminth) Infections: It is unknown if DUPIXENT will influence the immune response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to anti-helminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

Vaccinations: Consider completing all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating DUPIXENT. Avoid use of live vaccines during treatment with DUPIXENT.

ADVERSE REACTIONS: The most common adverse reactions (incidence $\geq 1\%$) in adult patients with CRSwNP are injection site reactions, eosinophilia, insomnia, toothache, gastritis, arthralgia, and conjunctivitis.

Please see additional Important Safety Information throughout. [Click here](#) for full Prescribing Information.

IMPORTANT SAFETY INFORMATION for DUPIXENT® (dupilumab) (cont'd)

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** A pregnancy exposure registry monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. To enroll or obtain information call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>. Available data from case reports and case series with DUPIXENT use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, DUPIXENT may be transmitted from the mother to the developing fetus.
- **Lactation:** There are no data on the presence of DUPIXENT in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DUPIXENT and any potential adverse effects on the breastfed child from DUPIXENT or from the underlying maternal condition.

Please see accompanying full [Prescribing Information](#).