

[Date]

[Patient's name]

[Date of birth]

[Case identification]

Re: Appeal of Coverage Denial for NEMLUVIO® (nemolizumab-ilto)

To Whom It May Concern:

I am writing this in support of my request to review a denied claim for my patient, [patient name]. On [date of denial], your organization denied this claim for NEMLUVIO, an FDA-approved medication indicated for the treatment of adults with prurigo nodularis (PN).

The reason(s) for denial [is/are] stated as [list reason(s) for the denial from the health insurance plan denial letter.] I disagree with this decision because [reason(s) you disagree with the denial]. This letter [and the attached documentation] provide support for the use of NEMLUVIO for this patient.

Clinical Records
Patient diagnosis: [Include ICD-10 diagnosis code]
Disease severity: [Include information such as number of nodules, duration of pruritus, and history or signs of repeated itch-scratch cycle]
Quality of life measures: [Include information such as patient occupation and impact on daily activities]

Treatment History		
Drug/dose	Treatment dates	Reason(s) for discontinuation or contraindication

NEMLUVIO is one of only two FDA-approved treatments for PN and has been shown to be safe and effective based on the two OLYMPIA phase 3 trials. In the clinical trials, NEMLUVIO monotherapy is administered every 4 weeks in adults with moderate-to-severe PN, which my patient suffers from. NEMLUVIO showed significant and rapid itch relief, skin clearance, and reductions in sleep disturbance compared to placebo in these trials, which my patient could benefit from.^{1,2}

[Summarize treatment recommendation here].

Given the patient's history, their current condition, and the emerging data of the effects of NEMLUVIO in patients with PN, I believe that treatment of NEMLUVIO with [patient name] is warranted, appropriate, and medically necessary, and the claim should be covered and reimbursed. The totality of the data available to date supports the potential benefit of [treatment/continuing treatment] with NEMLUVIO.

Please feel free to contact me, [HCP name], at [office phone number] for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,

[Physician's name and signature, medical specialty, and contact information]

Attachments: [Include list of supporting information provided with letter such as patient medical records, referenced publications, and/or NEMLUVIO Prescribing Information]

References:

1. NEMLUVIO. Prescribing Information. Galderma Laboratories, L.P.; August 2024.
2. Kwatra SG, et al. *N Engl J Med.* 2023;389(17):1579-1589.