

[Date]

[Patient's name]

[Date of birth]

[Case identification]

Re: Letter of Medical Necessity for NEMLUVIO® (nemolizumab-ilto)

To Whom It May Concern:

I am a [board certified dermatologist] with [#] years of experience writing to provide additional information to support the need for [patient's name]'s NEMLUVIO [dose and directions] for the treatment of adults with prurigo nodularis (PN). In brief, treatment with NEMLUVIO is medically necessary based on the patient's confirmed diagnosis of PN, severity of symptoms, impact to quality of life, and ineffective response to prior treatments. This letter includes the patient's medical history, previous treatments, and evidence from published articles that support the need for NEMLUVIO.

Diagnosis and Medical History

Patient Demographics
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, i.e., school bus driver who is not getting enough sleep]

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 was 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].

Please feel free to contact me, 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.