

[Date]

[Patient's name]

[Date of birth]

[Case identification]

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

To Whom It May Concern:

I am writing to request reconsideration of the denial of coverage of NEMLUVIO, as written by [health care professional name & credentials]. I am [an adult patient/a caregiver of an adult patient] diagnosed with prurigo nodularis (PN). Your reason(s) for the denial were [list reason(s) for the denial from the health insurance plan denial letter].

After reviewing the denial letter, I maintain that NEMLUVIO is appropriate as written by [healthcare professional name] based upon clinical criteria. Listed below is a summary of the relevant clinical history and personal experience with the disease.

As a [patient with PN/caregiver of a patient with PN], here is information about how PN has personally impacted [my/the patient's] life and why I am requesting coverage for the claim to address ongoing clinical needs of living with the disease:

[Include relevant personal experience with the disease and medical information to support the appeal for coverage of NEMLUVIO. May include the following information:

- Supporting information as requested by the payer in its denial letter
- Diagnostic results confirming the disease
- Treatment history, including name of medications, dates of use, and reason(s) for discontinuation
- Summary of how the disease has impacted the patient's quality of life over time; social dynamics; employment dynamics; personal experience living with the disease, etc.
- Clinical attributes of NEMLUVIO and why the patient needs the medical intervention or medication now]

Based upon [my/the patient's] condition and medical history, I believe coverage for NEMLUVIO is appropriate and medically necessary and the claim should be covered and reimbursed.

If you have any further questions about this matter, please feel free to contact me or my HCP at [patient/caregiver phone number; physician phone number] or via email at [patient/caregiver email address; healthcare provider's email address]. Thank you for your time and consideration. I look forward to your timely approval of my request.

Sincerely,

[Patient or caregiver's name and signature]

[Patient or caregiver's contact information]

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