Name: @NAME@
MRN: @MRN@
DOB: @DOB@

To whom it may concern:

I am contacting you as a dermatologist caring for @M@ @LNAME@ with regard to the patient's diagnosis of Bullous Pemphigoid.

This letter is to document the medical necessity of rituximab for @M@ @LNAME@.

As you know, bullous pemphigoid is an extremely morbid condition that causes severe blistering and painful erosions in the skin and mucous membranes. Left untreated, it can lead to hospitalization and death.

When treating a patient with Bullous Pemphigoid, it is necessary to have access to the full spectrum of accepted treatments as patients may not be able to use one particular treatment due to lack of response, the potential for side effects or even an allergic reaction. It can become a serious safety issue for the patient if I am not able to prescribe a wide variety of treatments for this condition.

I strongly believe @M@ @LNAME@ needs access to rituximab. My patient has previously tried and failed ***. A recently published retrospective review assessing the use of rituximab in patients with bullous pemphigoid demonstrated that 75% of patients (n = 15) achieved remission an average of 169 days following rituximab therapy. There were no rituximab-related deaths and significantly fewer adverse events following rituximab therapy. In another retrospective review, 29 of 38 pemphigoid patients (76%) achieved complete remission after a median of 1 RTX cycle, with a median time to complete remission of 14.3 months. Considering the more rigorous endpoint of complete remission off therapy, 15 of 38 patients (39%) achieved complete remission off therapy after a median of 2 RTX cycles.

My patient is not a good candidate for other alternatives used to treat bullous pemphigoid for the following reasons:

Topical corticosteroids: The patient has already used topical corticosteroids which have not been adequately effective. Moreover, bullous pemphigoid is a chronic condition, and overuse of corticosteroids will lead to side effects such as striae, cutaneous atrophy, perioral dermatitis, cataracts, glaucoma, and numerous other undesirable adverse effects.

Systemic corticosteroids: My patient has already been on systemic steroids. Additionally, with long-term use, systemic corticosteroids have numerous side effects including diabetes, hypertension, osteoporosis, aseptic necrosis of the hip, infection and many other adverse effects. Additionally, my patient has been on prednisone recently without control of his disease.

Methotrexate: Methotrexate is not approved for the treatment of bullous pemphigoid. Moreover, it is associated with life-threatening bone marrow suppression, liver toxicity, and numerous additional adverse effects. Relative contraindications include alcohol consumption, obesity, diabetes, any liver disease, abnormalities in renal function, concomitant use of hepatotoxic drugs or drugs that interact with methotrexate, ongoing infectious diseases, anemia, leukopenia or thrombocytopenia.

Azathioprine (Imuran): Azathioprine is not approved for the treatment of bullous pemphigoid, and is associated with bone marrow toxicity that can be life-threatening.

I also invite you to review the literature that discusses the use of rituximab in bullous pemphigoid below:

1. Polansky M, Eisenstadt R, DeGrazia T, Zhao X, Liu Y, Feldman R. Rituximab therapy in patients with bullous pemphigoid: A retrospective study of 20 patients. J Am Acad Dermatol. 2019 Jul;81(1):179-186. doi: 10.1016/j.jaad.2019.03.049. Epub 2019 Mar 25. PMID: 30923002.
2. Tovanabutra N, Payne AS. Clinical outcome and safety of rituximab therapy for pemphigoid diseases. J Am Acad Dermatol. 2020 May;82(5):1237-1239. doi: 10.1016/j.jaad.2019.11.023. Epub 2019 Nov 16. PMID: 31738960.

On behalf of @M@ @LNAME@, I would appreciate your prompt reconsideration of this denial. Please feel free to contact me below for any additional information you may require. I look forward to receiving your response and approval of coverage for this medication.

Sincerely,