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

To whom it may concern:

I am contacting you as a dermatologist caring for @NAME@ with regard to the patient's diagnosis of Pemphigus Vulgaris (L10.0). As you know, this is an extremely morbid condition that causes severe blistering and painful erosions in the skin and mucous membranes.

I recently prescribed this patient a 500 mg dose of Rituximab. The prior authorization was denied and the patient was unable to fill their prescription. I have reviewed the patient's diagnosis, care plan and clinical guidelines for treatment and request a formal appeal of your denial for Rituximab.

When treating a patient with Pemphigus Vulgaris (L10.0) 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 @NAME@ needs access to the 500 mg maintenance dose of Rituximab. As you know, the FDA-approved dosing includes the 500 mg maintenance dose at the 6-month mark after completing a course of rituximab. This maintenance 500 mg dose has also been shown to reduce the risk of relapse.

My patient has had a severe case, *** requiring many treatment courses of rituximab as well as mycophenolate and historically prednisone as well. We are hopeful this maintenance dose will reduce her risk of relapse and need for a full course of treatment dose rituximab.

Additionally, I request that you review the following evidence showing how this medication can be effectively utilized to treat Pemphigus Vulgaris (L10.0):

1. Joly P, Maho-Vaillant M, Prost-Squarcioni C, Hebert V, Houivet E, Calbo S, Caillot F, Golinski ML, Labeille B, Picard-Dahan C, Paul C, Richard MA, Bouaziz JD, Duvert-Lehembre S, Bernard P, Caux F, Alexandre M, Ingen-Housz-Oro S, Vabres P, Delaporte E, Quereux G, Dupuy A, Debarbieux S, Avenel-Audran M, D'Incan M, Bedane C, Bénéton N, Jullien D, Dupin N, Misery L, Machet L, Beylot-Barry M, Dereure O, Sassolas B, Vermeulin T, Benichou J, Musette P, French study group on autoimmune bullous skin diseases. First-line rituximab combined with short-term prednisone versus prednisone alone for the treatment of pemphigus (Ritux 3): a prospective, multicentre, parallel-group, open-label randomised trial. Lancet. 2017;389(10083):2031. Epub 2017 Mar 22.

2. Lunardon L, Tsai KJ, Propert KJ, Fett N, Stanley JR, Werth VP, Tsai DE, Payne AS. Adjuvant rituximab therapy of pemphigus: a single-center experience with 31 patients. Arch Dermatol. 2012;148(9):1031.
3. FDA package insert
4. Tedbirt B, Maho-Vaillant M, Houivet E, Mignard C, Golinski ML, Calbo S, Prost-Squarcioni C, Labeille B, Picard-Dahan C, Chaby G, Richard MA, Tancrede-Bohin E, Duvert-Lehembre S, Delaporte E, Bernard P, Caux F, Alexandre M, Musette P, Ingen-Housz-Oro S, Vabres P, Quereux G, Dupuy A, Debarbieux S, Avenel-Audran M, D'Incan M, Bédane C, Bénéton N, Jullien D, Dupin N, Misery L, Machet L, Beylot-Barry M, Dereure O, Sassolas B, Benichou J, Joly P, Hébert V; French Reference Center for Autoimmune Blistering Diseases MALIBUL. Sustained Remission Without Corticosteroids Among Patients With Pemphigus Who Had Rituximab as First-Line Therapy: Follow-Up of the Ritux 3 Trial. JAMA Dermatol. 2024 Mar 1;160(3):290-296. doi: 10.1001/jamadermatol.2023.5679. PMID: 38265821; PMCID: PMC10809134.

On behalf of @NAME@, 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,