To whom it may concern:

I am contacting you as a dermatologist caring for @NAME@ with regard to the patient's diagnosis of bullous pemphigoid (ICD-10-CM code: L12.0). I prescribed this patient Dupixent (dupilumab), which required a prior authorization. Unfortunately, the prior authorization was denied and the patient is now 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 Dupixent.

Bullous pemphigoid, a debilitating autoimmune skin disorder, can inflict significant distress on patients' lives. This condition manifests through the formation of large, fluid-filled blisters on the skin, often leading to intense itching, pain, and discomfort. Patients endure not only physical agony but also psychological distress due to the disfiguring nature of the disease, which can hinder their ability to engage in daily activities and maintain a sense of normalcy. The relentless cycle of blistering and healing can exacerbate the emotional toll, impacting mental health and overall well-being. Access to comprehensive medical care, including specialized treatments and therapies, is paramount for managing symptoms and preserving patients' quality of life. Therefore, it is imperative for insurance to provide adequate coverage for the treatments necessary to alleviate the burdens of bullous pemphigoid and support patients in their journey towards healing and recovery.

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.

@PREFNAME@ is currently having numerous erythematous crusted erosions in various stages of healing, despite current medications. ***

They have been on the following medications in the past for bullous pemphigoid with limited success:
- ***

*** My patient is not a good candidate for your suggested alternatives of topical steroids, mycophenolate or methotrexate. Long-term topical corticosteroids, though effective, carry risks of skin atrophy, systemic absorption effects, and practical application challenges in elderly patients, while systemic immunosuppressants like methotrexate and mycophenolate are associated with bone marrow suppression, hepatotoxicity, gastrointestinal toxicity, increased infection risk, and potential for life-threatening complications. Furthermore, dupilumab demonstrates rapid corticosteroid-sparing effects, reducing systemic glucocorticoid use by 82% at one year while maintaining excellent disease control and avoiding the mortality risks associated with prolonged immunosuppression in this vulnerable patient population.

I strongly believe this patient needs access to Dupixent. Dupilumab has been explored as a treatment option to improve outcomes. In the LIBERTY-BP trial6, Dupixent (dupilumab) demonstrated significant benefits in treating bullous pemphigoid (BP) by achieving improvements in disease remission and symptom control. Among key findings, 59% of Dupixent patients did not experience disease relapse after completing an oral corticosteroid taper, compared to just 16% of those on placebo, indicating a strong steroid-sparing effect. Additionally, Dupixent reduced the need for rescue treatment, with 42% of patients avoiding further intervention compared to only 12% in the placebo group. Secondary endpoints showed additional benefits, including a 90% or greater reduction in disease severity in 41% of Dupixent patients versus 10% in the placebo group, along with a meaningful reduction in itching (40% vs. 11%) and significant reductions in overall disease and itch severity over time. Dupilumab has also been listed as a treatment option for resistant bullous pemphigoid to consider per the European Academy of Dermatology and Venereology (EADV). Additionally, I request that you review the following evidence showing how this medication can be effectively utilized to treat bullous pemphigoid:


1. Abdat R, Waldman RA, de Bedout V, et al. Dupilumab as a novel therapy for bullous pemphigoid: A multicenter case series. J Am Acad Dermatol. 2020;83(1):46-52. doi:10.1016/j.jaad.2020.01.089
2. Borradori L, Van Beek N, Feliciani C, et al. Updated S2 K guidelines for the management of bullous pemphigoid initiated by the European Academy of Dermatology and Venereology (EADV). J Eur Acad Dermatol Venereol. 2022;36(10):1689-1704. doi:10.1111/jdv.18220
3. Chen F, Wang Y, Chen X, Yang N, Li L. Targeting interleukin 4 and interleukin 13: a novel therapeutic approach in bullous pemphigoid. Ann Med. 2023;55(1):1156-1170. doi:10.1080/07853890.2023.2188487
4. Russo R, Capurro N, Cozzani E, Parodi A. Use of Dupilumab in Bullous Pemphigoid: Where Are We Now? Journal of Clinical Medicine. 2022; 11(12):3367. https://doi.org/10.3390/jcm11123367
5. Zhang X, Man X, Tang Z, Dai R, Shen Y. Dupilumab as a novel therapy for bullous pemphigoid. Int J Dermatol. 2023;62(4):e263-e266. doi:10.1111/ijd.16525
6. Sanofi. Dupixent is the first and only biologic to achieve significant improvements in disease remission and symptoms in bullous pemphigoid positive pivotal study [press release]. Published September 11, 2024. Accessed October 30, 2024. https://www.sanofi.com/en/media-room/press-releases/2024/2024-09-11-05-00-00-2944237
7. Planella-Fontanillas N, Bosch-Amate X, Jiménez Antón A, et al. Real-World Evaluation of the Effectiveness and Safety of Dupilumab in Bullous Pemphigoid: An Ambispective Multicentre Case Series. The British Journal of Dermatology. 2025.
8. Zhao L, Wang Q, Liang G, et al. Evaluation of Dupilumab in Patients With Bullous Pemphigoid. JAMA Dermatology. 2023.
9. Singh S, Kirtschig G, Anchan VN, et al. Interventions for Bullous Pemphigoid. The Cochrane Database of Systematic Reviews. 2023.

10. Terra JB, Potze WJ, Jonkman MF. Whole Body Application of a Potent Topical Corticosteroid for Bullous Pemphigoid. Journal of the European Academy of Dermatology and Venereology : JEADV. 2014.
11. Sidbury R, Davis DM, Cohen DE, et al. Guidelines of Care for the Management of Atopic Dermatitis: Section 3. Management and Treatment With Phototherapy and Systemic Agents. Journal of the American Academy of Dermatology. 2014.
12. Zhang Y, Xu Q, Chen L, et al. Efficacy and Safety of Dupilumab in Moderate-to-Severe Bullous Pemphigoid. Frontiers in Immunology. 2021.
13. Cao P, Xu W, Zhang L. Rituximab, Omalizumab, and Dupilumab Treatment Outcomes in Bullous Pemphigoid: A Systematic Review. Frontiers in Immunology. 2022.

On behalf of @PREFNAME@, 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,