

# Submitting an appeal letter

## INDICATIONS

- **Rheumatoid Arthritis:** HUMIRA is indicated, alone or in combination with methotrexate or other non-biologic DMARDs, for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis.
  - **Juvenile Idiopathic Arthritis:** HUMIRA is indicated, alone or in combination with methotrexate, for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older.
  - **Psoriatic Arthritis:** HUMIRA is indicated, alone or in combination with non-biologic DMARDs, for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.
  - **Ankylosing Spondylitis:** HUMIRA is indicated for reducing signs and symptoms in adult patients with active ankylosing spondylitis.
  - **Crohn's Disease:** HUMIRA is indicated for the treatment of moderately to severely active Crohn's disease in adults and pediatric patients 6 years of age and older.
  - **Ulcerative Colitis:** HUMIRA is indicated for the treatment of moderately to severely active ulcerative colitis in adults and pediatric patients 5 years of age and older.
- Limitations of Use:** The effectiveness of HUMIRA has not been established in patients who have lost response to or were intolerant to TNF blockers.
- **Plaque Psoriasis:** HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.
  - **Hidradenitis Suppurativa:** HUMIRA is indicated for the treatment of moderate to severe hidradenitis suppurativa in patients 12 years of age and older.
  - **Uveitis:** HUMIRA is indicated for the treatment of non-infectious intermediate, posterior, and panuveitis in adults and pediatric patients 2 years of age and older.

## SAFETY CONSIDERATIONS

### Serious Infections

**Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. These infections include active tuberculosis (TB), reactivation of latent TB, invasive fungal infections, and bacterial, viral, and other infections due to opportunistic pathogens. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.**

### Malignancies

**Lymphoma, including a rare type of T-cell lymphoma, and other malignancies, some fatal, have been reported in patients treated with TNF blockers, including HUMIRA.**

### Other Serious Adverse Reactions

Patients treated with HUMIRA also may be at risk for other serious adverse reactions, including anaphylaxis, hepatitis B virus reactivation, demyelinating disease, cytopenias, pancytopenia, heart failure, and a lupus-like syndrome.

Please see additional Important Safety Information, including **BOXED WARNING** on Serious Infections and Malignancy, on pages 5 and 6. Please click here to see full [Prescribing Information](#).

**HUMIRA**<sup>®</sup>  
adalimumab

# Submitting an appeal letter

An appeal letter outlines the reasons why a treatment is necessary to meet the medical needs of your patient.



## You may want to submit an appeal letter if the payer:

- Denied payment
- Claimed treatment was not medically necessary
- Said the prescription is not covered by your patient's benefits

Depending on the reason for the denial, different materials and additional steps may be required, such as a formulary exception.

**For support in person or over the phone, call an  
Access Specialist at 1.877.COMPLETE (1.877.266.7538).**

## SAFETY CONSIDERATIONS

### Serious Infections

Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. These infections include active tuberculosis (TB), reactivation of latent TB, invasive fungal infections, and bacterial, viral, and other infections due to opportunistic pathogens. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

### Malignancies

Lymphoma, including a rare type of T-cell lymphoma, and other malignancies, some fatal, have been reported in patients treated with TNF blockers, including HUMIRA.

### Other Serious Adverse Reactions

Patients treated with HUMIRA also may be at risk for other serious adverse reactions, including anaphylaxis, hepatitis B virus reactivation, demyelinating disease, cytopenias, pancytopenia, heart failure, and a lupus-like syndrome.

Please see Indications and additional Important Safety Information, including **BOXED WARNING** on Serious Infections and Malignancy, on pages 5 and 6.

Please click here to see full [Prescribing Information](#).

# Sample appeal letter

[Date]

Re: [Patient's name]

[Prior authorization department]

[Plan identification number]

[Name of health plan]

[Date of birth]

[Mailing address]

To whom it may concern:

My name is [HCP's name] and I am a [board-certified medical specialty] [NPI] writing on behalf of my patient, [Patient Name], to request coverage for [product name] [generic]. [Patient Name] has been under my care for [X months] for the treatment of [disease or symptoms].

We understand that the reason for your denial is [copy reason verbatim from the plan's denial letter]. However, we believe that [product, dosage, frequency] is the appropriate treatment for my patient. In support of our recommendation for [product] treatment, we have provided an overview of my patient's relevant clinical history below.

[Provide a brief medical history, including diagnosis, allergies, existing comorbidities, and International Classification of Diseases (ICD) code(s)].

[Discuss rationale for using product vs other treatments. Insert your recommendation summary here, including your professional opinion of your patient's likely prognosis or disease progression without treatment with product].

[List of pertinent medical records] are enclosed, which offer additional support for the formulary exception request for [product name]. Please consider coverage of [product name] for my patient.

Please feel free to contact me, [name], at [telephone number] or [patient's name] at [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]

[Physician's medical specialty]

[Physician's NPI]

[Physician's practice name]

[Phone #]

[Fax #]

Make sure you match the language from the denial letter.

Note here if you are including a letter of medical necessity along with your appeal letter.

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are encouraged to contact third-party payers for specific information about their coverage policies. For more information, please call an Access Specialist at 1.877.COMPLETE (1.877.266.7538).

For Medicare beneficiaries, there are specific requirements that need to be met for the HCP to be considered a legal representative of the patient in an appeal. For additional information, please visit <https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/Exceptions>

Please see Indications and Important Safety Information, including **BOXED WARNING** on Serious Infections and Malignancy, on pages 5 and 6. Please click here to see full [Prescribing Information](#).

**HUMIRA** COMPLETE

**HUMIRA**<sup>®</sup>  
adalimumab

# Writing a sample appeal letter and what to include



**Make sure you include all of the information in the letter that is highlighted in red; otherwise, your appeal could be denied**

**Supplemental documentation may include:**

- A copy of your patient's records
- A recent x-ray(s) and/or photo(s) of the impacted area(s)
- A summary of your recommendation at the end of the letter
- A letter of medical necessity (LMN)



## Appealing a step edit?

If this appeal letter is intended to appeal a plan's step edit therapy requirement, you should consider including the following information in your letter:

*This is our [add level of request] coverage authorization appeal. A copy of the most recent denial letter is attached for reference. My patient's medical records are also included in response to the denial.*

**[Statement indicating why these step edit therapy requirements are inappropriate for this patient.]**

**Now that you have submitted the letter with any supporting documentation, the payer must review and decide on coverage within:**



for urgent care



for non-urgent care



for services already provided

Please see Indications and Important Safety Information, including **BOXED WARNING** on Serious Infections and Malignancy, on pages 5 and 6. Please click here to see full [Prescribing Information](#).

# Indications and Important Safety Information for HUMIRA® (adalimumab)<sup>1</sup>

## INDICATIONS

- **Rheumatoid Arthritis:** HUMIRA is indicated, alone or in combination with methotrexate or other non-biologic DMARDs, for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis.
- **Juvenile Idiopathic Arthritis:** HUMIRA is indicated, alone or in combination with methotrexate, for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older.
- **Psoriatic Arthritis:** HUMIRA is indicated, alone or in combination with non-biologic DMARDs, for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.
- **Ankylosing Spondylitis:** HUMIRA is indicated for reducing signs and symptoms in adult patients with active ankylosing spondylitis.
- **Crohn's Disease:** HUMIRA is indicated for the treatment of moderately to severely active Crohn's disease in adults and pediatric patients 6 years of age and older.
- **Ulcerative Colitis:** HUMIRA is indicated for the treatment of moderately to severely active ulcerative colitis in adults and pediatric patients 5 years of age and older.  
**Limitations of Use:**  
The effectiveness of HUMIRA has not been established in patients who have lost response to or were intolerant to TNF blockers.
- **Plaque Psoriasis:** HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.
- **Hidradenitis Suppurativa:** HUMIRA is indicated for the treatment of moderate to severe hidradenitis suppurativa in patients 12 years of age and older.
- **Uveitis:** HUMIRA is indicated for the treatment of non-infectious intermediate, posterior, and panuveitis in adults and pediatric patients 2 years of age and older.

## IMPORTANT SAFETY INFORMATION<sup>1</sup>

### SERIOUS INFECTIONS

**Patients treated with HUMIRA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.**

**Discontinue HUMIRA if a patient develops a serious infection or sepsis.**

**Reported infections include:**

- **Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before HUMIRA use and during therapy. Initiate treatment for latent TB prior to HUMIRA use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.**

**Carefully consider the risks and benefits of treatment with HUMIRA prior to initiating therapy in patients:**

**1. with chronic or recurrent infection, 2. who have been exposed to TB, 3. with a history of opportunistic infection, 4. who resided in or traveled in regions where mycoses are endemic, 5. with underlying conditions that may predispose them to infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with HUMIRA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.**

- Do not start HUMIRA during an active infection, including localized infections.
- Patients older than 65 years, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at greater risk of infection.
- If an infection develops, monitor carefully and initiate appropriate therapy.
- Drug interactions with biologic products: A higher rate of serious infections has been observed in RA patients treated with rituximab who received subsequent treatment with a TNF blocker. An increased risk of serious infections has been seen with the combination of TNF blockers with anakinra or abatacept, with no demonstrated added benefit in patients with RA. Concomitant administration of HUMIRA with other biologic DMARDs (e.g., anakinra or abatacept) or other TNF blockers is not recommended based on the possible increased risk for infections and other potential pharmacological interactions.

Please see additional Important Safety Information continued on page 6.

Please click here to see full [Prescribing Information](#).

**HUMIRA**<sup>®</sup>  
adalimumab



# Indications and Important Safety Information for HUMIRA® (adalimumab)<sup>1</sup> (cont'd)

## MALIGNANCY

**Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including HUMIRA. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers, including HUMIRA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases have occurred in patients with Crohn's disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.**

- Consider the risks and benefits of HUMIRA treatment prior to initiating or continuing therapy in a patient with known malignancy.
- In clinical trials, more cases of malignancies were observed among HUMIRA-treated patients compared to control patients.
- Non-melanoma skin cancer (NMSC) was reported during clinical trials for HUMIRA-treated patients. Examine all patients, particularly those with a history of prolonged immunosuppressant or PUVA therapy, for the presence of NMSC prior to and during treatment with HUMIRA.
- In HUMIRA clinical trials, there was an approximate 3-fold higher rate of lymphoma than expected in the general U.S. population. Patients with chronic inflammatory diseases, particularly those with highly active disease and/or chronic exposure to immunosuppressant therapies, may be at higher risk of lymphoma than the general population, even in the absence of TNF blockers.
- Postmarketing cases of acute and chronic leukemia were reported with TNF blocker use. Approximately half of the postmarketing cases of malignancies in children, adolescents, and young adults receiving TNF blockers were lymphomas; other cases included rare malignancies associated with immunosuppression and malignancies not usually observed in children and adolescents.

## HYPERSENSITIVITY

- Anaphylaxis and angioneurotic edema have been reported following HUMIRA administration. If a serious allergic reaction occurs, stop HUMIRA and institute appropriate therapy.

## HEPATITIS B VIRUS REACTIVATION

- Use of TNF blockers, including HUMIRA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers. Some cases have been fatal.

- Evaluate patients at risk for HBV infection for prior evidence of HBV infection before initiating TNF blocker therapy.
- Exercise caution in patients who are carriers of HBV and monitor them during and after HUMIRA treatment.
- Discontinue HUMIRA and begin antiviral therapy in patients who develop HBV reactivation. Exercise caution when resuming HUMIRA after HBV treatment.

## NEUROLOGIC REACTIONS

- TNF blockers, including HUMIRA, have been associated with rare cases of new onset or exacerbation of central nervous system and peripheral demyelinating diseases, including multiple sclerosis, optic neuritis, and Guillain-Barré syndrome.
- Exercise caution when considering HUMIRA for patients with these disorders; discontinuation of HUMIRA should be considered if any of these disorders develop.
- There is a known association between intermediate uveitis and central demyelinating disorders.

## HEMATOLOGIC REACTIONS

- Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia has been infrequently reported with HUMIRA.
- Consider stopping HUMIRA if significant hematologic abnormalities occur.

## CONGESTIVE HEART FAILURE

- Worsening and new onset congestive heart failure (CHF) has been reported with TNF blockers. Cases of worsening CHF have been observed with HUMIRA; exercise caution and monitor carefully.

## AUTOIMMUNITY

- Treatment with HUMIRA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome. Discontinue treatment if symptoms of a lupus-like syndrome develop.

## IMMUNIZATIONS

- Patients on HUMIRA should not receive live vaccines.
- Pediatric patients, if possible, should be brought up to date with all immunizations before initiating HUMIRA therapy.
- Adalimumab is actively transferred across the placenta during the third trimester of pregnancy and may affect immune response in the *in utero* exposed infant. The safety of administering live or live-attenuated vaccines in infants exposed to HUMIRA *in utero* is unknown. Risks and benefits should be considered prior to vaccinating (live or live-attenuated) exposed infants.

## ADVERSE REACTIONS

- The most common adverse reactions in HUMIRA clinical trials (>10%) were: infections (e.g., upper respiratory, sinusitis), injection site reactions, headache, and rash.

Reference: 1. HUMIRA [package insert]. North Chicago, IL: AbbVie Inc.

Please click here to see full [Prescribing Information](#).

abbvie