Physician Appeal Letter – VILTEPSO

Insurance Company Name

Insurance Company Address

Insurance Company City, State ZIP

Re: Patient’s Name

Type of Insurance

Group/Policy Numbers

Subscriber ID Number

Dear [name of contact person at insurance company],

It is my understanding that [patient’s name] has received a denial for VILTEPSO because the procedure is [state specific reason for the denial i.e. not medically necessary, experimental, etc.].

As you know, [patient’s name] has been under my care since [date] for the treatment of Duchenne muscular dystrophy. [Give a brief medical history emphasizing the most recent events that directly influence your decision to recommend the denied therapy.]

For this reason I am writing to provide you with information regarding VILTEPSO. [Give a brief, yet specific description of why you believe it should be approved].

I have also included documents supporting the use of VILTEPSO for [patient’s name]. [Provide LMN and other supporting documentation].

Publications/references:

*FDA Approves Targeted Treatment for Rare Duchenne Muscular Dystrophy Mutation*[*https://www.fda.gov/news-events/press-announcements/fda-approves-targeted-treatment-rare-duchenne-muscular-dystrophy-mutation*](https://www.fda.gov/news-events/press-announcements/fda-approves-targeted-treatment-rare-duchenne-muscular-dystrophy-mutation)

*Vitolarsen (VILTEPSO) FDA label. Retrieved from:* [*https://www.accessdata.fda.gov/drugsatfda\_docs/label/2020/212154s000lbl.pdf*](https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/212154s000lbl.pdf)

*10 Clemens PR, Rao VK, Connolly AM, et al. Safety, Tolerability, and Efficacy of Viltolarsen in Boys With Duchenne Muscular Dystrophy Amenable to Exon 53 Skipping: A Phase 2 Randomized Clinical Trial. JAMA Neurol. 2020;77(8):982–991. doi:10.1001/jamaneurol.2020.1264*