SAMPLE APPEAL LETTER – ADALIMUMAB ESCALATION

Insurance Company

# RE: PATIENT

**DOB:**

**ID #**

**Pat Acct #**

DATE

Dear Sir, or Madam:

I am writing on behalf of xxxx to request prior authorization for increased dosing of adalimumab from 40mg every two weeks to 40mg weekly.

Mr./Ms. Doe has a history of [IBD Phenotype and prior surgeries/complications (e.g., fistulas, abscess, strictures)] and has previously failed treatment with [Previous medication failures and/or intolerances]. Mr./Ms. Doe was started on adalimumab [Month/Year of induction] and has done well on adalimumab 40mg every 2 weeks maintenance therapy until recently.

Unfortunately, since [Date of flare symptoms] Mr./Ms. Doe has developed increasing symptoms of active disease [can also add pertinent colonoscopy, CRP, calprotectin, or adalimumab level data here] despite ongoing treatment with adalimumab 40mg every 2 weeks. Given his/her previous medication failures, initial clinical response to adalimumab therapy, and ongoing active inflammation, I am requesting approval for an increase to adalimumab 40mg once weekly dosing.

The efficacy of adalimumab for the induction/maintenance of remission in Crohn’s and ulcerative colitis was demonstrated in the CLASSIC (Crohn’s) and ULTRA (UC) clinical trials. In these pivotal trials, 30% (CLASSIC II) and 16% (ULTRA 2) of patients required dose escalation to 40mg once weekly, due to an inadequate clinical response.1,2 In a subsequent multicenter cohort study by Baert et al, 34% of Crohn’s patients on adalimumab 40mg every 2 weeks required dose escalation to 40mg once weekly, due to loss of clinical response, with 67% of these patients maintaining a long-term clinical response.3 Similarly, in a multicenter cohort study by Taxonera et al, among ulcerative colitis patients experiencing loss of response on adalimumab 40mg every 2 weeks, 47% achieved a short-term clinical response, and 34% maintained a long-term clinical response after dose escalation to adalimumab 40mg once weekly.4

These data confirm that the need for adalimumab dose escalation is a common, and that this strategy is successful in re-capturing a clinical response for a significant number of patients with Crohn’s or ulcerative colitis.

Based on this, I am advocating that adalimumab 40mg once weekly be a covered benefit for Mr./Ms. Doe. I appreciate your consideration in this matter. Please feel free to contact my office if any additional information will help clarify this request.

Sincerely,

Dr.

Contact info

References:

1. Sandborn et al. Adalimumab for maintenance treatment of Crohn’s disease: results of the CLASSIC II trial. Gut 2007; 56:1232–1239

2. Sandborn et al. Adalimumab induces and maintains clinical remission in patients with moderate-to-severe ulcerative colitis. Gastroenterology. 2012;142(2):257-65

3. Baert et al. Incidence and Predictors of Success of Adalimumab Dose Escalation and De-escalation in Ulcerative Colitis: a Real-World Belgian Cohort Study. J Crohn’s Colitis. 2013;7(2):154-60

4. Taxonera et al. Adalimumab Maintenance Treatment in Ulcerative Colitis: Outcomes by Prior Anti-TNF Use and Efficacy of Dose Escalation. Dig Dis Sci. 2017;62(2):481-490