

# VSI Sample Appeal Letter For Topical Immunomodulatory Ointment

Today's Date

Address for Claims Review Department of your Insurance Company; if you have a name of the person you are dealing with, include this.

Name of Insured:

Company Name if relevant:

Plan #:

Claim #:

Dear Name/or Claims Review Department:

I was denied coverage on **(date)** for the topical immunomodulatory ointment [**Protopic®/Elidel®**] for vitiligo prescribed by my physician and am formally appealing that decision with this letter.

Vitiligo is a common autoimmune disease that causes the loss of pigment in the skin and results in white spots or patches. In autoimmune diseases, the immune system mistakenly attacks healthy body tissue, and, in vitiligo, the immune response is to melanocytes.

**Topical immunomodulatory ointment is considered a key treatment for vitiligo when corticosteroids are insufficient, or when topical treatments are rotated due to the long-term risk of topical corticosteroids.** Because the immune system is overactive in autoimmune disease, suppressing the immune system provides the most common means for treating these diseases. According to the American Academy of Dermatology, a combination of more than one treatment most frequently leads to the best results in controlling depigmentation. In addition, no two patients respond exactly the same to a specific therapy, and the physician must determine which combination of therapies is most efficacious in a specific patient. Topical immunomodulatory ointment is a therapy that works for many vitiligo patients. **[Protopic® contains tacrolimus, an immunomodulator/immunosuppressant that works by modulating or suppressing the immune response only where it is applied. OR: Elidel® contains pimecrolimus, an immunomodulator/immunosuppressant that works by modulating or suppressing the immune response only where it is applied.]**

(See <http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/u---w/vitiligo/diagnosis-treatment.>)

While potent or super-potent corticosteroids are the most prescribed topical agent for treating vitiligo patients, the website for Vitiligo Support International (VSI) states that "Topical steroids suppress the immune system... but can have more systemic absorption than Protopic and Elidel. They are typically used for short periods of time or are alternated with other medications like Protopic/Elidel to decrease the potential for side effects." VSI is the largest 501(c)3 patient advocacy organization offering a comprehensive resource for vitiligo education, research and awareness for those whose lives have been affected by vitiligo and has the world's most renowned dermatologists who specialize in vitiligo treatment and research on its Medical Board. (See [www.vitiligosupport.org](http://www.vitiligosupport.org))

**[Mention what treatments you have tried and failed and what combination of treatments you and your physician have found to be the most effective or need to try next in the strategy to find what works and what doesn't work. Because corticosteroid ointment is a first-line therapy, you should mention how long you tried this and how it was insufficient by itself in controlling depigmentation basis.]**

**[If your insurance letter of denial states that topical ointments are denied for cosmetic reasons, include the following:]**

**Topical Immunomodulatory Ointments are a medically necessary treatment:**

- 1) Any therapy that suppresses the immune system can be a viable treatment for vitiligo. Topical ointments prevent the devastating side effects of oral systemic immunosuppressants. Topical immunomodulatory ointments have limited systemic effects, so they may be used for longer periods of time than topical corticosteroids or in combination with them. Physicians and patients must determine which topical immunomodulatory ointments and what schedule for use of such ointments work best in a specific patient.
- 2) Comparatively, wigs would normally be considered cosmetic but are covered by insurance for another closely related autoimmune disease - alopecia areata. The U.S. government recognizes the devastating mental and social consequences of dealing with hair loss and mandates that wigs be covered. Similar psychological consequences are evident with the depigmentation that occurs in vitiligo (Lindhorst *et al* 2009).
- 3) Breast reconstructive surgery is also cosmetic but is covered by most health insurance companies. We recognize the importance of how loss of a breast affects a person's psychological and social well-being; the loss of pigment similarly is devastating for vitiligo patients.

In addition to the two links from highly respected organizations cited above demonstrating the validity of topical immunomodulatory ointments as a widely accepted treatment for vitiligo, I have provided journal references below that further elucidate the acceptability and medical necessity of topical immunomodulatory ointments for treatment of vitiligo.

Thank you for your consideration.

Sincerely,

**Your Name**

**Your Address and Phone Number**

**CC: Your prescribing physician**

**Your employer through which you have health insurance (HR director if you have one or other personnel responsible for your health insurance coverage)**

**State Insurance Commissioner**

**References:**

Gawkrodger DJ, Ormerod AD, Shaw L et al. Guideline for the diagnosis and management of vitiligo. *Br J Dermatol* 2008; 159: 1051-76.

Linthorst Homan MW, Spuls PI, de Korte J et al. "The burden of vitiligo: patient characteristics associated with quality of life." *J Am Acad Dermatol* 2009; 61: 411-20.

Udompataikul M1, Boonsupthip P, Siriwattanagate R. Effectiveness of 0.1% topical tacrolimus in adult and children patients with vitiligo. *J Dermatol*. 2011 Jun;38(6):536-40. doi: 10.1111/j.1346-8138.2010.01067.x. Epub 2010 Nov 2.

Whitton ME, Ashcroft DM, Gonzalez U. Therapeutic interventions for vitiligo. *J Am Acad Dermatol* 2008; 59: 713-7.