***Sample Letter of Appeal for EOHILIA™ (budesonide oral suspension)***

To be considered for prior authorization by physicians

The following is a sample Letter of Appeal that can serve as a template and can be modified based on your medical judgment and discretion by incorporating details related to your patient’s medical history, diagnosis, and treatment plan. Use of this sample letter does not guarantee that insurance providers will provide reimbursement or coverage for EOHILIA. Please be advised that insurance providers may have specific forms or procedures for the authorization process.

**A guide to completing a Letter of Appeal:**

1. Download the Word doc template.
2. Understand the denial and review the insurance provider’s guidelines about the appeal process.
3. Please modify the Letter of Appeal based on the medical appropriateness for your patient. Fields for modification are in MAGENTA.
4. Submitting this Letter of Appeal, with any required appeal forms or additional documentation, can further explain the patient’s medical need to the insurance provider.

***Scroll down to page 2 for sample Letter of Appeal.***

**Indication and Limitations of Use**

EOHILIA is indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EoE).

EOHILIA has not been shown to be safe and effective for the treatment of EoE for longer than 12 weeks.

**IMPORTANT SAFETY INFORMATION**

**CONTRAINDICATIONS**

EOHILIA is contraindicated in patients with hypersensitivity to budesonide. Serious hypersensitivity reactions, including anaphylaxis, have occurred with oral budesonide products.

**Please see additional Important Safety Information on pages 3 and 4, and click here for full** [**Prescribing Information**](https://content.takeda.com/?contenttype=PI&product=EOH&language=ENG&country=USA&documentnumber=1)**.**

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This resource is provided for informational purposes only and is not intended to provide reimbursement or legal advice. Contact third-party payers for specific information on their current coverage, reimbursement, and coding policies.

[Physician’s letterhead]

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[Date]

[Health plan’s name] [Patient’s name]

ATTN: [Department] [Date of birth]

[Medical director’s name] [Case ID number]

[Health plan’s address] [Dates of service]

[City, State ZIP]

Re: Appeal of Denial for EOHILIA™ (budesonide oral suspension)

Dear [Medical director’s name],

I am writing to appeal the denial of coverage for EOHILIA on behalf of my patient, [patient’s name]. EOHILIA was approved by the US Food and Drug Administration (FDA) in February 2024 and is indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EoE). I have read and acknowledged your drug coverage policy for responsible management of drugs for EoE, [insert appropriate ICD-10-CM/ICD-11-CM code here]. The reason given for the denial was [state reason from insurer’s letter]. After reviewing the denial letter, I continue to believe that EOHILIA is appropriate treatment for this patient. Listed below is a summary of the relevant clinical history.

**Patient diagnosis, current condition, and medical history in support of the appeal:**

[You may include:

* relevant medical information to support your reason for treatment with EOHILIA
* patient’s history of treatment
* supporting documentation as requested by the plan in their denial letter
* your assessment as to why EOHILIA is appropriate for this patient based on medical evidence]

I have prescribed EOHILIA as a medically necessary part of this patient’s treatment, and request that you reassess the denial of coverage.

Please contact me at [physician’s phone number] or via email at [physician’s email] for any additional information you may require in support of this appeal. Thank you for your immediate attention to this request.

Sincerely,

[Physician’s signature]

**Enclosures:** [List enclosures, which may include: the Explanation of Benefits/denial letter, copies of original claim form, Letter of Medical Exception, clinical notes/diagnostic pathology report, medication records, relevant laboratory reports that support the need for EOHILIA, and other supporting documentation.]

**IMPORTANT SAFETY INFORMATION (cont’d)**

**WARNINGS AND PRECAUTIONS**

**Hypercorticism and Adrenal Axis Suppression**Systemic effects such as hypercorticism and adrenal axis suppression may occur. Monitor patients for signs and symptoms and consider reducing the dosage of EOHILIA. Use is not recommended in patients with severe hepatic impairment (Child‑Pugh Class C) and monitoring for signs and/or symptoms of hypercorticism is recommended in patients with moderate hepatic impairment (Child‑Pugh Class B).

Corticosteroids, including EOHILIA, can reduce the response of the hypothalamus-pituitary-adrenal (HPA) axis to stress. In situations where patients are subject to trauma, surgery, infection, or other stress situations, supplementation with a systemic corticosteroid is recommended.

**Immunosuppression and Increased Risk of Infection**Corticosteroids, including EOHILIA, suppress the immune system and increase the risk of infection with any pathogen. Corticosteroid-associated infections can be mild, severe, and at times fatal. Monitor patients and consider discontinuation of EOHILIA if the patient develops an infection.

* **Tuberculosis** **reactivation may occur.** Closely monitor patients with latent tuberculosis or tuberculin reactivity while receiving EOHILIA.
* **Varicella Zoster and Measles** can be serious or fatal in non-immune patients taking corticosteroids. Avoid exposure. If a patient is exposed to varicella, prophylaxis with varicella zoster immune globulin may be indicated. If varicella develops, treatment with antiviral agents may be considered. If a patient is exposed to measles, prophylaxis with immunoglobulin may be indicated.
* **Hepatitis B Virus Reactivation can occur.** Prior to starting EOHILIA for patients who show evidence of hepatitis B infection, recommend consultation with physicians with expertise in managing hepatitis B regarding monitoring and consideration for hepatitis B antiviral therapy.
* **Amebiasis:** It is recommended that latent or active amebiasis be ruled out before starting EOHILIA in patients who have spent time in the tropics or have unexplained diarrhea.
* **Avoid EOHILIA** **in patients with:** systemic fungal infections, known or suspected Strongyloides (threadworm) infection, cerebral malaria, and active ocular herpes simplex.
* **Localized Infections:** In clinical trials, some patients developed *Candida albicans* infections in the mouth, throat, and esophagus. Instruct patients: do not eat or drink for 30 minutes after taking EOHILIA; after 30 minutes rinse mouth with water and spit without swallowing. If oropharyngeal or esophageal candidiasis develops, treat with appropriate antifungal therapy and consider discontinuing EOHILIA.

**Erosive Esophagitis**Erosive esophagitis occurred in subjects who received EOHILIA in a 12-week clinical trial. None of the subjects had erosions at baseline esophagogastroduodenoscopy (EGD), and most were receiving concomitant therapy with a proton pump inhibitor (PPI). Advise patients or caregivers to report new onset or worsening signs or symptoms of erosive esophagitis to their healthcare provider. Consider endoscopic evaluation as appropriate.

**Effect on Growth**Use of corticosteroids may cause a reduction of growth velocity in pediatric patients. Monitor the growth of pediatric patients on EOHILIA. The maximum recommended duration of treatment with EOHILIA is 12 weeks.

**Please see additional Important Safety Information on page 4, and click here for full** [**Prescribing Information**](https://content.takeda.com/?contenttype=PI&product=EOH&language=ENG&country=USA&documentnumber=1)**.**

**IMPORTANT SAFETY INFORMATION (cont’d)**

**Symptoms of Steroid Withdrawal in Patients Transferred from Other Systemic Corticosteroids**Monitor patients who are transferred from corticosteroids with high systemic effects to corticosteroids with lower systemic availability, such as EOHILIA, since symptoms attributed to withdrawal of steroid therapy, including those of acute adrenal axis suppression or benign intracranial hypertension, may develop. Adrenocortical function monitoring may be required in these patients and the dose of corticosteroid treatment with high systemic effects should be reduced cautiously. Replacement of systemic corticosteroids with EOHILIA may unmask allergies (e.g., rhinitis and eczema) previously controlled by the systemic drug.

**Other Corticosteroid Effects**Monitor patients with hypertension, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma, or cataracts, or with family history of diabetes, glaucoma, or with other conditions where corticosteroids may have unwanted effects.

**Kaposi’s Sarcoma**Kaposi’s sarcoma has been reported to occur in patients receiving corticosteroid therapy, most often for chronic conditions. Discontinuation of corticosteroids may result in clinical improvement of Kaposi’s sarcoma. The maximum recommended duration of treatment with EOHILIA is 12 weeks.

**ADVERSE REACTIONS**

Most common adverse reactions (≥2%) are: respiratory tract infection, gastrointestinal mucosal candidiasis, headache, gastroenteritis, throat irritation, adrenal suppression, and erosive esophagitis.

**DRUG INTERACTIONS**

Budesonide is a substrate for CYP3A4. Avoid concomitant use with CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, erythromycin, cyclosporine, and grapefruit juice), which can increase systemic budesonide concentrations.

**USE IN SPECIFIC POPULATIONS**

* **Pregnancy:** Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Infants should be carefully observed for signs of hypoadrenalism and managed accordingly.
* **Lactation:** Lactation studies have not been conducted with EOHILIA. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for EOHILIA and any potential adverse effects on the breastfed infant from EOHILIA, or from the underlying maternal condition.
* **Hepatic Impairment:** Not recommended in patients with severe hepatic impairment (Child-Pugh Class C). In patients with moderate hepatic impairment (Child-Pugh Class B), monitor for signs and/or symptoms of hypercorticism.

**Please click here for full** [**Prescribing Information**](https://content.takeda.com/?contenttype=PI&product=EOH&language=ENG&country=USA&documentnumber=1)**.**



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US-BOS-0264v2.0 06/24