Date: XX/XX/XXXX

RE: First Name Last Name

MRN: XXXXXXX

DOB: XX/XX/XXXX

To Whom It May Concern:

I am contacting you as a dermatologist caring for First Name Last Name regarding the patient's diagnosis of vitiligo.

First Name Last Name has been under our care since XX/XX/XXXX. We are treating First Name Last Name for vitiligo, an autoimmune disease that can have a very significant impact on patient quality of life (1-6). In fact, this impact is reportedly greater for patients with vitiligo than for psoriasis or atopic dermatitis (7), which are covered conditions. First Name has vitiligo of the LOCATION(s) on body totaling more than XX% of his/her body surface area. First Name has tried and failed multiple therapies for vitiligo, including {vitiligo tx:40145} \*\*\*. First Name has found this disease distressing, and it has had a significant impact on quality of life. As a result, we feel it is necessary to apply additional treatments to overcome the considerable disease burden. We recently prescribed this patient topical ruxolitinib (Opzelura), which required a prior authorization that was denied. I have reviewed the patient's diagnosis, care plan, and clinical guidelines for treatment and ***request a formal appeal of your denial for topical ruxolitinib***.

I submit here today that there is a substantial and increasing amount of evidence in the medical literature supporting the use of janus kinase inhibitors such as ruxolitinib for the treatment of vitiligo (8-14). Furthermore, **topical ruxolitinib is currently the ONLY FDA-approved treatment to repigment vitiligo** and so should be considered the standard of care and a first-line treatment option. The impact that vitiligo has on patients’ well-being is substantial, and so careful optimization of treatment is critical. Vitiligo is NOT a cosmetic disease (15), and other treatments such as narrow-band UVB therapy, which are not considered “cosmetic therapy”, are indeed covered for vitiligo. Thus, topical ruxolitinib should not be treated any differently.

I strongly believe First Name Last Name needs access to topical ruxolitinib. On behalf of First Name Last Name, I would appreciate your prompt reconsideration of this denial. Please feel free to contact me at XXX-XXX-XXXX or XXXX@XXXXX.com for any additional information you may require. I look forward to receiving your response and approval of coverage for this medication.

Yours faithfully,

Insert Signature

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