Sample letter of appeal request for medications for EoE WORKSHEET

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WHEN TO USE THIS LETTER

Use an APPEAL LETTER for:

- Prior authorization (PA) denial after initial request was submitted and rejected
- Common rejection codes: Medical necessity not established; experimental/investigational; step therapy not completed, alternative therapy not used; patient consent for appeal not received

This letter should be customized to reflect the specific points of denial and demonstrate the burden and lack of effect of prior treatment

[Insert office letterhead here]

[Date]
[Plan name]
[Plan Street address]
[Plan City, State ZIP code]

Re: [Patient Full Name]
Date of birth: [Patient date of birth]
Member ID: [Patient ID number]
Group number: [Patient group number]

Dear [Contact Name]:

Since [Date], [Patient Full Name] has been under my care for **eosinophilic esophagitis (EoE)** (ICD-10-CM code: **K20.0**). This letter serves as my determination of medical necessity for [medication name: dupilumab/budesonide oral suspension/fluticasone/other] for this patient.

I have included a detailed explanation of medical necessity, including the severity of [Patient's First Name]'s disease, information about [his/her/their] medical history, a statement summarizing my treatment rationale, and supporting clinical evidence.

Diagnosis and Disease Severity:
[Patient's First Name] has a confirmed diagnosis of eosinophilic esophagitis as per guidelines based on:

- Symptoms of esophageal dysfunction including [dysphagia/food impaction/chest pain/feeding difficulties/vomiting]
- Esophageal biopsy on [date] demonstrating **≥15 eosinophils per high-power field** (peak eosinophil count: [insert number] eos/hpf)
- Exclusion of other causes of eosinophilia

Current Symptoms and Impact:
[Patient's First Name] experiences [describe frequency and severity of dysphagia, food impaction episodes, dietary restrictions, impact on quality of life, weight loss/nutritional issues if applicable, emergency department visits for food impaction, prior dilation, etc].

Summary of Prior Treatment History:
EoE is a chronic immune-mediated inflammatory disease requiring long-term treatment. Standard therapies include proton pump inhibitors, swallowed topical corticosteroids, dietary elimination, and biologics. [Patient's First Name] has the following treatment history:

Proton pump inhibitor therapy:
- Medication(s) tried: [name, dose, duration]
- Response: [inadequate symptom control/inadequate histologic response/intolerance/contraindication]

Swallowed topical corticosteroid therapy:
- Medication(s) tried: [fluticasone/budesonide formulation, dose, duration]
- Response: [inadequate symptom control/inadequate histologic response/intolerance/contraindication]

Dietary therapy:
- Elimination diet(s) tried: [elemental formula/empiric elimination diet/allergy testing-directed elimination]
- Response: [inadequate response/inability to maintain/nutritional concerns]

Esophageal dilation:
- [If applicable: Number of dilations, dates, indication for stricture management]

Contraindications or intolerance to available treatments:
- [List any contraindications to standard therapies, adverse effects experienced, or reasons other treatments are not appropriate]

Medical Necessity for Requested Medication:
Based on [Patient's First Name]'s inadequate response to [list prior therapies], ongoing symptoms of [describe symptoms], and persistent esophageal eosinophilia, treatment with [requested medication] is medically necessary. [For dupilumab: This is an FDA-approved biologic for EoE that targets IL-4 and IL-13 signaling pathways, which are central to EoE pathophysiology.] [For topical steroids: Topical corticosteroids demonstrate histologic remission in approximately 65% of patients with EoE and are recommended as first-line therapy by the American College of Gastroenterology. For Eohilia: This is the only FDA-approved topical steroid for EoE, and it is the only esophageal-specific formulation with a consistent dose and concentration with proven efficacy.] [For PPI: PPIs have anti-inflammatory effects beyond acid suppression and are recommended initial therapy for EoE.]

Without effective treatment, [Patient's First Name] is at risk for progressive esophageal fibrosis, stricture formation, recurrent food impactions requiring emergency intervention, and significant impairment in quality of life and nutritional status.

For me to provide appropriate care for my patient, it is important that [Plan Name] provide adequate coverage for this treatment. Please call me at [Primary Treating Site Phone Number] if I can be of further assistance or if you require additional information. Thank you in advance for your immediate attention and prompt review of this request.

Sincerely,

[Treating Physician's Signature]
[Treating Physician's Name, MD/DO/NP/PA]

[Patient/Legal Representative's Signature, if required]
[Patient/Legal Representative's Name]

Enclosures:

- Endoscopy report with biopsy results
- Prior treatment documentation – Prescribing Information for [requested medication]
- Supporting literature/clinical guidelines (if applicable)
  - ACG Clinical Guideline: Diagnosis and Management of Eosinophilic Esophagitis. Dellon ES, Muir AB, Katzka DA, et al. *Am J Gastroenterol*. 2025. DOI: 10.14309/ajg.0000000000003194
  - Eosinophilic Esophagitis: A Review. Muir AB, Falk GW. *JAMA*. 2021. doi: 10.1001/jama.2021.14920
  - Eosinophilic Esophagitis: Management Guidelines From the AGA and JTF. Arnold MJ. *Am Fam Physician*. 2021. https://pubmed.ncbi.nlm.nih.gov/33929163/