[Sample Letter of Appeal: Use the physician office letterhead]

[Date]
[Attention]
[Name of Health Plan]
[Health Plan Mailing Address]

[Patient Name]
[Patient Date of Birth]
[Patient ID#]
[Patient Review #]

Re: Appeal for the Denial of ACTIMMUNE® (Interferon gamma-1b)

Dear Appeal Reviewer,

I am writing to appeal the denial of treatment with ACTIMMUNE® (Interferon gamma-1b) on behalf of my patient, [Patient Name]. According to the [Date] notice of denial, [Health Plan] denied [Patient Name]'s ACTIMMUNE prescription because [cite reasons for denial listed in the denial letter from the Health Plan]; however, the attached medical records document [Patient Name]'s clinical condition and medical necessity for treatment with ACTIMMUNE.

I have enclosed the product Prescribing Information which supports the use of ACTIMMUNE to reduce the frequency and severity of serious infections associated with chronic granulomatous disease (CGD). Serious infection is defined as a clinical event requiring hospitalization and/or intravenous antibiotics. Patients with CGD are at risk of life-threatening serious infections and immune dysfunction, requiring prolonged hospitalization and treatment with intravenous antibiotics.

My patient's disease state, prior treatments, and response to those treatments that impact my treatment include [As applicable]

- [Documentation supporting the diagnosis (eg, dihydrorhodamine [DHR] assay, genetic tests, x-rays)]
- [Documentation of prior treatment, including therapeutics, dosage, and duration (include all prophylactic antibiotics and antifungals)]
- [Documentation of infections and hospital admissions]

Leading medical organizations recommend interferon gamma therapy, such as ACTIMMUNE, as therapy for CGD. The American Academy of Allergy, Asthma & Immunology and the American College of Allergy, Asthma & Immunology recommend triple prophylaxis with interferon gamma therapy, such as ACTIMMUNE; antibiotics; and antifungals. ACTIMMUNE is contraindicated in patients who develop or have known hypersensitivity to interferon gamma-1b, *E. coli* derived products, or any component of the product.

In conclusion, because of [insert relevant patient information such as history, diagnosis], there is a medical necessity for treatment with ACTIMMUNE for [Patient Name]. I would appreciate your prompt review of this appeal and approval.

Please see Important Safety Information on next pages and see Full Prescribing Information or visit ACTIMMUNEhcp.com.

Thank you for your time and reconsideration of my request for ACTIMMUNE treatment for my patient. If you have any further questions regarding this matter, please do not hesitate to call me at [Physician Telephone Number].

Regards,

[Physician Signature]

Enclosures include

[ACTIMMUNE Prescribing Information]

[Information for the Patient/Caregiver]

[ACTIMMUNE CGD Clinical Study]

[Patient clinical records]

[Lab reports]

[Patient authorization and notice of release of information]

INDICATIONS AND USAGE

ACTIMMUNE® (Interferon gamma-1b) is indicated:

- For reducing the frequency and severity of serious infections associated with chronic granulomatous disease
- For delaying time to disease progression in patients with severe, malignant osteopetrosis

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- In patients who develop or have known hypersensitivity to interferon gamma-1b, *E. coli*-derived products, or any component of the product

WARNINGS AND PRECAUTIONS

- ACTIMMUNE should be used with caution in patients with:
  - Pre-existing cardiac conditions, including ischemia, congestive heart failure, or arrhythmia
  - Seizure disorders or compromised central nervous system function
  - Myelosuppression or receiving other potentially myelosuppressive agents
  - Severe renal insufficiency
  - Age <1 year
- Monitoring:
  - Before starting ACTIMMUNE and every 3 months during treatment, hematologic tests, blood chemistries, and urinalysis are recommended for all patients
  - Patients begun on ACTIMMUNE before the age of 1 year should receive monthly assessments of liver function. If severe hepatic enzyme elevations develop, ACTIMMUNE dosage should be modified
  - Monitor renal function regularly when administering ACTIMMUNE in patients with severe renal insufficiency; accumulation of interferon gamma-1b may occur with repeated administration. Renal toxicity has been reported in patients receiving ACTIMMUNE

USE IN SPECIFIC POPULATIONS

- ACTIMMUNE should be used during pregnancy only if the potential benefit to the patient outweighs the potential risk to the fetus

IMPORTANT SAFETY INFORMATION (cont'd)
USE IN SPECIFIC POPULATIONS (cont'd)

- It is not known if ACTIMMUNE is excreted in human milk, so either ACTIMMUNE or nursing should be discontinued dependent on the importance of the drug to the patient
- In younger patients, long-term effects of ACTIMMUNE on fertility are not known
- In animal studies, both male and female fertility was negatively impacted by doses significantly higher than the maximum clinical dose

DRUG INTERACTIONS

- Concomitant use of drugs with neurotoxic, hematotoxic, or cardiotoxic effects may increase the toxicity of interferons
- Avoid simultaneous administration of ACTIMMUNE with other heterologous serum protein or immunological preparations (eg, vaccines)

ADVERSE REACTIONS

- The most common adverse experiences occurring with ACTIMMUNE therapy are “flu-like” symptoms such as fever, headache, chills, myalgia, or fatigue, which may decrease in severity as treatment continues, and may be minimized by bedtime administration of ACTIMMUNE. Acetaminophen may be used to prevent or partially alleviate the fever and headache
- Isolated cases of acute serious hypersensitivity reactions have been observed in patients receiving ACTIMMUNE
- Reversible neutropenia, thrombocytopenia, and elevations of AST and/or ALT have been observed during ACTIMMUNE therapy
- At doses 10 times greater than the weekly recommended dose, ACTIMMUNE may exacerbate pre-existing cardiac conditions, or may cause reversible neurological effects such as decreased mental status, gait disturbance, and dizziness

Please see Full Prescribing Information or visit ACTIMMUNEhcp.com.

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