Aplenzin® bupropion HBr 174 mg 348 mg 522 mg extended-release tablets

HOW-TO GUIDE: LETTER OF APPEAL FOR APLENZIN®

This resource will support you with the following when developing a Letter of Appeal to be submitted when appealing a denial for APLENZIN:

- General guidance for developing a Letter of Appeal
- Instructions for completing the Letter of Appeal Template
- A sample letter

Indication and Important Safety Information for APLENZIN

INDICATION

APLENZIN® (bupropion hydrobromide extended-release tablets) is indicated for the treatment of major depressive disorder (MDD), and for the prevention of seasonal major depressive episodes in patients with a diagnosis of seasonal affective disorder (SAD). Periodically reevaluate long-term usefulness for the individual patient.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

SUICIDALITY AND ANTIDEPRESSANT DRUGS:

Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects aged 65 and older.

In patients of all ages who are started on antidepressant therapy, monitor closely for worsening, and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber.

APLENZIN is **contraindicated** in:

- patients with a seizure disorder
- patients with a current or prior diagnosis of bulimia or anorexia nervosa, due to a higher incidence of seizures
- patients undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, or antiepileptic drugs

DISCLAIMER: The completion and accuracy of this form is the sole responsibility of the healthcare provider.

GENERAL GUIDANCE FOR DEVELOPING A LETTER OF APPEAL

An Effective Letter Provides Appeal-Specific Rationale
The following are key considerations when writing a Letter of Appeal:

Background on your patient's condition

- Summarize their clinical status by citing diagnostic evidence of Major Depressive Disorder (MDD), and/or Seasonal Affective Disorder (SAD), including baseline functional exam results
- If appropriate, list their current and prior treatment(s), and provide reasons why it is/was not sufficient, including any side effects, lack of response, or disease progression

Address health plan's denial and justify why ALPENZIN is, in your opinion, the appropriate treatment choice for your patient

- Be sure to review the health plan's denial and provide clinical justification that supports overturning the denial. Cite any relevant literature and documentation as appropriate
- If denial was due to incomplete information, review the health plan's criteria and ensure all the required criteria is provided
- If denial was due to the plan's preferred formulary agents not being used, including suggested completion of step therapy or formulary exclusions, provide clinical rationale for why these agents are not appropriate for the patient
  - Address each specific preferred agent mentioned in the denial reason
  - Include documentation of any prior trial/failures with specific required formulary alternatives
  - Provide relevant medical notes that support clinical rational for not prescribing preferred alternatives
- If denial was due to providing the incorrect indication, please confirm the diagnosis of the patient
  - APLENZIN is indicated for the treatment of MDD, and for the prevention of seasonal major depressive episodes in patients with a diagnosis of SAD.

IMPORTANT SAFETY INFORMATION (cont'd)

Contraindications (cont'd)

- Patients taking other bupropion products, including Zyban
- The concomitant use of MAOIs (intended to treat psychiatric disorders) and APLENZIN, or within 14 days of each other, is contraindicated due to an increased risk of hypertensive reactions. Starting APLENZIN in a patient treated with reversible MAOIs such as linezolid or intravenous methylene blue is contraindicated.
- APLENZIN is contraindicated in patients with known hypersensitivity to bupropion or other ingredients of APLENZIN. Anaphylactoid/anaphylactic reactions and Stevens-Johnson syndrome have been reported.

INSTRUCTIONS FOR COMPLETING THE LETTER OF APPEAL TEMPLATE

Once you have identified the need for a Letter of Appeal, please follow the steps below:

1 **Populate the template as medically appropriate**

2 **Delete any specific instructions for completion, disclaimers, trademarks, and document numbers**

3 **Submit the Letter of Appeal with the appropriate appeal form and any supplemental documents as appropriate**

The content in this document is not an attempt to provide specific guidance. It is merely for your consideration and review. Please make all changes that you believe to be appropriate or disregard as needed. The medical professional is ultimately responsible for the accuracy and completeness of all claims submitted to third-party payers. Please see the FDA-approved label for information relevant to any prescribing decisions.

This sample letter, along with the Letter of Appeal Template, is available at https://www.aplenzin.com/resources/, and can help you craft a letter to your patient's health plan to support patient access to APLENZIN.

https://www.aplenzin.com/resources/

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions

- APLENZIN is not approved for smoking cessation treatment; however, bupropion HCl sustained-release is approved for this use. Postmarketing reports of serious or clinically significant neuropsychiatric adverse events with smoking cessation treatment have included changes in mood (including depression and mania), psychosis, hallucinations, paranoia, delusions, homicidal ideation, aggression, hostility, agitation, anxiety, and panic, as well as suicidal ideation, suicide attempt, and completed suicide. Observe patients attempting to quit smoking with APLENZIN for the occurrence of such symptoms and instruct them to discontinue APLENZIN and contact a healthcare provider if they experience such adverse events.
- Bupropion is associated with a dose-related risk of seizures. The dose should not exceed 522 mg once daily. Increase the dose gradually. Discontinue APLENZIN and do not restart treatment if the patient experiences a seizure. Use with extreme caution in patients with a history of seizure or cranial trauma, or in patients treated with other medications that lower the seizure threshold.
- Treatment with APLENZIN can result in elevated blood pressure and hypertension. Assess blood pressure before initiating treatment with APLENZIN, and monitor periodically during treatment.
- Antidepressant treatment can precipitate a manic, mixed, or hypomanic manic episode. Prior to initiating APLENZIN, screen patients for a history of bipolar disorder and the presence of risk factors for bipolar disorder (e.g., family history of bipolar disorder, suicide, or depression). APLENZIN is not approved for the treatment of bipolar depression.

Please see additional Important Safety Information throughout this guide and full Prescribing Information for APLENZIN, including the Boxed Warning for suicidal thoughts and behaviors.

https://www.aplenzin.com/siteassets/pdfs/Aplenzin-PI.pdf

Aplenzin® bupropion HBr 174 mg 348 mg 522 mg extended-release tablets

Fields required for customization are in **orange** text in brackets.
Please place template on official letterhead, if applicable.

Ensure Health Plan Information is correct. This can be found on the PA request form or the health plan's website.

<Date>
ATTENTION: <Medical Director Name and/or Medical Review/Appeals>
<Payer/Health Plan Name>
<Payer Address>

Fill out patient information completely and accurately. Ensure the policy ID number matches what is on the patient's insurance card.

REGARDING: Denied Claim for APLENZIN (bupropion HBr) Extended-Release Tablets
PATIENT NAME: <Patient Name>
DATE OF BIRTH: <Patient Date of Birth>
POLICY ID NUMBER: <Patient Policy ID Number>
PROVIDER ID NUMBER: <Provider ID Number>

Please provide the claim rejection number, if applicable.

<Optional: Claim rejection number>

Dear <Health Plan Contact Name>:

It is important to understand the reason for denial and state the reason specifically. If it is unclear, you may call and speak with the health plan directly.

I am writing to appeal the denied claim for APLENZIN for my patient, <Patient Name>, for which the reason for denial was <quote the specific reason for denial in denial letter>. I have prescribed APLENZIN because this patient has been diagnosed with <major depressive disorder (MDD) and/or seasonal affective disorder (SAD)>. Attached to this request are clinical notes regarding this patient's disease state and the APLENZIN package insert.

APLENZIN is indicated for the treatment of MDD and prevention of SAD in adults. The following is the medical history of <Patient Name> and the rationale for treatment with APLENZIN.

Fill out the table with objective, patient-specific information.

Date of Diagnosis/Diagnoses	<MM/DD/YYYY>
Diagnosis/Diagnoses	<ICD-10 code(s)>
Summary of Clinical Symptoms	<Patient's current condition, including an overview of symptoms and quality of life or functional impairment, as applicable>
Previous & Current Treatment Regimens	<If applicable, include previous and current pharmacologic treatments for MDD and/or SAD, including drug name(s), dates of use, and reasons for stopping>

Fields required for customization are in **orange** text in brackets.
Please place template on official letterhead, if applicable.

This paragraph should provide specific rationale to overturn the denial. Excess information beyond the denial reason my influence the payer to deny coverage again.

<Restate the denial reason and your clinical rationale for why the denial should be overturned and why APLENZIN is medically necessary for this patient.>

Thank you for taking the time to read this letter. I believe treatment with ALPENZIN is appropriate for this patient. I look forward to your prompt review of this request.

Best regards,
<Physician Signature>
<Physician Name>

Provide your office or clinic's contact information, including a phone number, fax number, and email.

<Physician Contact Information>

Please update the list of attachments to only include documents being sent with the request.

ATTACHMENTS:

- APLENZIN package insert/prescribing information
- Patient clinical notes and other relevant supporting documentation

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

- Depressed patients treated with bupropion have had a variety of neuropsychiatric signs and symptoms, including delusions, hallucinations, psychosis, concentration disturbance, paranoia, and confusion. Some of these patients had a diagnosis of bipolar disorder. In some cases, these symptoms abated upon dose reduction and/or withdrawal of treatment. Discontinue APLENZIN if these reactions occur.
- The pupillary dilation that occurs following use of many antidepressant drugs including APLENZIN may trigger an angle closure attack (Angle-Closure Glaucoma) in a patient with anatomically narrow angles who does not have a patent iridectomy.

Adverse Reactions

- The most common adverse reactions that occurred in at least 5% of patients treated with bupropion HCl sustained-release (300 mg and 400 mg per day) and at a rate at least twice the placebo rate were: anorexia, dry mouth, nausea, insomnia, dizziness, pharyngitis, abdominal pain, agitation, anxiety, tremor, palpitation, sweating, tinnitus, myalgia, urinary frequency, and rash.

Drug Interactions

- An increased dose of bupropion may be necessary if co-administered with CYP2B6 inducers based on clinical exposure but should not exceed the maximum recommended dose. Bupropion inhibits CYP2D6 and can increase concentrations of: antidepressants, antipsychotics, beta-blockers, and Type 1C antiarrhythmics. Consider dose reduction when using with bupropion. Dose bupropion with caution when used with drugs that lower seizure threshold. CNS toxicity can occur when bupropion is used concomitantly with dopaminergic drugs.
- APLENZIN can cause false-positive urine test results for amphetamines.

Use in Special Populations

- Pregnancy: Use only if benefit outweighs potential risk to the fetus. Healthcare providers are encouraged to register patients in the Pregnancy Exposure Registry by calling 1-844-405-6185 or visiting https://womensmentalhealth.org/research/pregnancyregistry/.
- In patients with moderate to severe hepatic impairment (Child-Pugh score: 7 to 15), the maximum dose is 174 mg every other day. In patients with mild hepatic impairment (Child-Pugh score: 5 to 6) or renal impairment (glomerular filtration rate <90 mL/min), consider reducing the dose and/or frequency of dosing.
- Advise patients to read the FDA-approved patient labeling (Medication Guide). Inform patients, their families, and their caregivers about the benefits and risks associated with treatment with APLENZIN and counsel them in its appropriate use.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout this guide and full Prescribing Information for APLENZIN, including the Boxed Warning for suicidal thoughts and behaviors.

Aplenzin® bupropion HBr 174 mg 348 mg 522 mg extended-release tablets

https://www.aplenzin.com/siteassets/pdfs/Aplenzin-PI.pdf