Letter of Medical Necessity for ZUNVEYL (benzgalantamine) delayed release tablets

Date:
Patient: [First and Last Name]
Patient Date of Birth:
Patient Address:
Insurer:
Group/Policy Number(s):
Policyholder:

Dear [Contact Name],

I am writing today on behalf of my patient, [First and Last Name], to document the medical necessity for treatment with ZUNVEYL (benzgalantamine). [Mr/s. Last Name] has mild to moderate dementia of the Alzheimer's type and resides in a nursing home. Based on medical history and my clinical judgment, I believe it is medically necessary for [him / her] to begin treatment with ZUNVEYL [5 mg PO BID for at least 4 weeks, followed by 10 mg PO BID for at least 4 weeks]. Based on an evaluation of progress, there may be a need to titrate the dose after considering renal and hepatic function parameters and tolerability. ZUNVEYL may be taken with or without food and should not be taken with alcohol. The tablets should not be crushed, split, or chewed and should be swallowed whole.

In July 2024, the FDA approved ZUNVEYL, an acetylcholinesterase inhibitor and nicotinic acetylcholine receptor modulator, for the treatment of mild to moderate dementia of the Alzheimer's type via the 505(b)(2) pathway. Two biopharmaceutic and two pharmacokinetic studies were successfully conducted to support the determination of bioequivalence between ZUNVEYL delayed-release tablets and the reference products galantamine immediate-release tablets and galantamine extended-release capsules. [Please see the attached ZUNVEYL Prescribing Information].

The ZUNVEYL delayed-release tablet is enteric-coated and is designed to dissolve in the small intestine rather than the stomach. As such, activation of the enteric nervous system via increased acetylcholine in stomach tissue is largely avoided. Moreover, benzgalantamine is an inactive prodrug. When released in the proximal small intestine, inactive benzgalantamine is absorbed and ultimately converted to galantamine by the liver, thus meaningfully reducing the propensity for increased acetylcholine-mediated local and central sequela such as nausea, vomiting, and diarrhea. The active moiety in ZUNVEYL, galantamine, has a well-documented safety, efficacy and effectiveness record, having been available in the United States for nearly 25 years (Raskind et al. 2000; Wilcock et al. 2000; Tariot et al. 2000; Raskind et al. 2004; Feldman et al. 2009; Hager et al. 2014; Nakano et al. 2015; Li et al. 2019; Xu et al. 2021).

Patient Medical History and Diagnosis

[First and Last Name] is a [age]-year-old [male / female] diagnosed with dementia of the Alzheimer's type, ICD-10 code [insert code]. [Mr/s. Last Name] has been in my care since [date]. Alzheimer's disease has caused impairments in [choose all that apply -- cognition and memory, activities of daily living, ability to communicate, and/or ability to reason and problem-solve] leading to [choose all that apply -- disorientation and confusion; personality changes including irritability,

fear/anxiety and/or depression; behavioral changes such as agitation, restlessness, wandering, and/or loss of inhibitions; and/or emotional changes including frustration and sadness].

[Mr/s. Last Name] is an appropriate patient for ZUNVEYL due to strong evidence for benefit in patients with mild to moderate Alzheimer's disease [coupled with previous gastrointestinal intolerability with at least one other oral agent in the class (insert drug name)]. [OPTIONAL: Moreover, the patient has also experienced skin issues with an acetylcholinesterase transdermal patch.]

Based on the above facts, ZUNVEYL is indicated and medically necessary for this patient. I respectfully request [Payer Name] cover ZUNVEYL. Please refer to the additional documents, including information on BIMS scores, ADL assessments, CPD scores, and/or other relevant information. Please do not hesitate to contact me if you have any questions regarding this request. Thank you for your prompt attention to this important matter.

Sincerely,

[Prescriber First and Last Name, credentials, Specialty, NPI number]
[Prescriber Address]
[Prescriber Office Telephone, Fax, and Email Address]

References

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Tariot PN, et al. A 5-month, randomized, placebo-controlled trial of galantamine in AD. The Galantamine USA-10 Study Group. *Neurology*. 2000;54(12):2269-76.

Raskind MA, et al. The cognitive benefits of galantamine are sustained for at least 36 months: a long-term extension trial. *Arch Neurol*. 2004;61(2):252-6.

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Dear [Contact name],

I am writing today on behalf of my patient, [First and last name] to document the medical necessity for treatment with ZUNVEYL (benzgalantamine). [Mr/s. last name] has mild to moderate dementia of the Alzheimer's type and resides in a nursing home. Based on medical history and my clinical judgment, I believe it is medically necessary for [him / her] to begin treatment with ZUNVEYL [5 mg PO BID for at least 4 weeks, followed by 10 mg PO BID for at least 4 weeks]. Based on an evaluation of progress, there may be a need to titrate the dose after considering renal and hepatic function parameters and tolerability. ZUNVEYL may be taken with or without food and should not be taken with alcohol. The tablets should not be crushed, split, or chewed and should be swallowed whole.

In July 2024, the FDA approved ZUNVEYL, an acetylcholinesterase inhibitor and nicotinic acetylcholine receptor modulator, for the treatment of mild to moderate dementia of the Alzheimer's type via the 505(b)(2) pathway. Two biopharmaceutic and two pharmacokinetic studies were successfully conducted to support the determination of bioequivalence between ZUNVEYL delayed-release tablets and the reference products galantamine immediate-release tablets and galantamine extended-release capsules. [Please see the attached ZUNVEYL Prescribing Information].

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Patient Medical History and Diagnosis

[First and last name] is a [age]-year-old [male / female] diagnosed with dementia of the Alzheimer's type, ICD-10 code [insert code]. [Mr/s. last name] has been in my care since [date]. Alzheimer's disease has caused impairments in [*choose all that apply* -- cognition and memory, activities of daily living, ability to communicate, and/or ability to reason and problem-solve] leading to [*choose all that apply* -- disorientation and confusion; personality changes including irritability, fear/anxiety and/or depression; behavioral changes such as agitation, restlessness, wandering, and/or loss of

inhibitions; and/or emotional changes including frustration and sadness]. Moreover, Alzheimer's disease is well known to alter sleep architecture in many ways (Bombois et al. 2010; Dauvilliers. 2007; Gaugler et al. 2000; Ownby et al. 2014; Deschenes et al. 2009; Salami et al. 2011; dos Moraes et al. 2006). [Mr/s. last name] suffers from sleep disturbance with evidence of [choose all that apply – insomnia. night-time wandering/elopement risk, night-time fall(s)/fall risk, daytime sleepiness/excessive napping, and/or abnormal dreaming].

[Mr/s. Last Name] is an appropriate patient for ZUNVEYL due to strong evidence for benefit in patients with mild to moderate Alzheimer's disease [coupled with sleep disturbance with evidence of [choose all that apply – insomnia, night-time wandering/elopement risk, night-time fall(s)/fall risk, daytime sleepiness/excessive napping, and/or abnormal dreaming]. At least one other acetylcholinesterase inhibitor, [list drug name] has been tried resulting in intolerable side effects related to sleep.]

Galantamine, the active moiety in ZUNVEYL has not been associated with sleep disturbances. Studies have confirmed a neutral effect on sleep with galantamine (Nabarro et al. 2015; Markowitz et al. 2003; Stahl et al. 2004). For the reasons noted above, ZUNVEYL is my preferred choice of therapy.

Based on the above facts, ZUNVEYL is indicated and medically necessary for this patient. I respectfully request [Payer name] cover ZUNVEYL. Please refer to the additional documents, including information on BIMS scores, ADL assessments, CPD scores, and/or other relevant information. Please do not hesitate to contact me if you have any questions regarding this request. Thank you for your prompt attention to this important matter.

Sincerely,

[Prescriber First and Last name, credentials, specialty, NPI number]
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