

# Abetalipoproteinemia and Related Disorders Foundation (ABL+ Foundation)

## Template Letter of Medical Necessity for VITAMIN A Coverage

Patients with abetalipoproteinemia and other familial hypobetalipoproteinemia disorders possess gene mutations required to package lipids into particles for absorption and transportation throughout the body (1, 2). Fat-soluble vitamins, including vitamins E, A and K are also dependent on these pathways for absorption. Consequently, patients develop severe deficiencies of these vitamins and the clinical outcomes can be catastrophic, including debilitating neurologic impairment, blindness and life-threatening bleeding.

**Vitamin A deficiency** in patients with abetalipoproteinemia and other hypobetalipoproteinemia disorders can result in retinal degeneration, night blindness and progressive vision loss. If left untreated, patients may develop legal blindness(3). An exceptionally high dose of vitamin A (100-400 IU/kg/day) is medically necessary for patients with abetalipoproteinemia and other familial hypobetalipoproteinemia disorders (2).

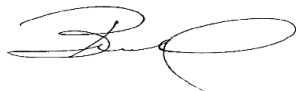
For patients with abetalipoproteinemia and other hypobetalipoproteinemia disorders, vitamin A is not a micronutrient supplement, instead an essential therapeutic medication.

As the ABLRDF Medical Advisory Panel, our members include established researchers and medical professionals who care for patients with these disorders. We attest that a high dose of vitamin A taken lifelong is medically necessary to prevent devastating complications in patients with abetalipoproteinemia and other hypobetalipoproteinemia disorders.

Sincerely,



Dennis D. Black, MD, AGAF  
J. D. Buckman Professor of Pediatrics  
Professor of Physiology  
Vice Chair for Research  
University of Tennessee Health Science Center  
Director, Children's Foundation Research Institute  
Vice President for Research, Le Bonheur Children's Hospital  
Room 471R, Children's Foundation Research Tower  
50 North Dunlap  
Memphis, TN 38103  
Phone: 901-287-5355  
FAX: 901-287-4478  
E-mail: dblack@uthsc.edu



**Cindy Bredefeld, DO, FACE**

Attending Physician, Division of Endocrinology, Diabetes & Metabolism  
Diplomate, American Board of Clinical Lipidology  
Director, Diabetes Clinical Trials  
Assistant Professor of Clinical Medicine, NYU Long Island School of Medicine

[cindy.bredefeld@nyulangone.org](mailto:cindy.bredefeld@nyulangone.org)



Mitchell F. Brin, MD, FAAN, FANA, FAHS

Clinical Professor of Neurology  
University of California, Irvine  
[mbrin@uci.edu](mailto:mbrin@uci.edu)



Richard J. Deckelbaum, MD, CM, FRCP(C)

Robert R. Williams Professor of Nutrition  
Professor of Pediatrics, Professor of Epidemiology  
Director, Institute of Human Nutrition  
Vagelos College of Physicians and Surgeons  
Columbia University Irving Medical Center  
New York, NY



M. Mahmood Hussain  
President  
Abetalipoproteinemia & Related Disorders Foundation  
Professor and Endowed Chair  
Director, Diabetes and Obesity Research Center  
Department of Foundations of Medicine  
NYU Long Island School of Medicine  
NYU Langone Hospitals – Long Island  
101 Mineola Blvd., Mineola NY

1. Bredefeld C, Peretti N, Hussain MM, and Medical Advisory P. New Classification and Management of Abetalipoproteinemia and Related Disorders. *Gastroenterology*. 2021;160(6):1912-6.

2. Bredefeld C, Hussain MM, Aversa M, Black DD, Brin MF, Burnett JR, et al. Guidance for the diagnosis and treatment of hypolipidemia disorders. *J Clin Lipidol*. 2022.
3. Segal S, and Sharma S. Ophthaprobem. Vitamin A and vitamin E. *Can Fam Physician*. 2005;51:1079, 85-6.