

[Insert Date]

Request for Patient Currently Treated With [Insert Product Name] to Transition to [Insert Product Name]

[Optional: Claim rejection number]

RE: [Patient Name], [Patient Insurance ID Number], [Patient Date of Birth]

Dear [Health Plan Contact Name]:

This letter is regarding your coverage policy of [Insert Product Name] for my patient. Based on my [XX] years treating this patient and my experience in treating MS, I feel that [Insert Product Name] is the most appropriate choice for [Patient Name].

I have been working with my patient since [Insert Date] to manage their disease. They have been on [Insert Product Name] since [Insert Date].

My main concerns regarding my patient’s current medication include

- [Reason(s) previous treatment(s) unsuitable]
- [Reason(s) previous treatment(s) unsuitable]
- [Reason(s) previous treatment(s) unsuitable]

I recommend transitioning my patient to [Insert Product Name] because it is the most appropriate therapeutic option for the following reason(s):

- [Reason(s) this treatment is most appropriate for patient, such as efficacy profile of this product, safety and tolerability profile of this product, and patient preference]

[If a step therapy before [Product Name] is required, include reason(s) why step therapy would not be an appropriate treatment for this patient.]

Additionally, I ask that you review the clinical information I have submitted, which supports my decision to change medication.

Below, I have indicated the additional information that I have submitted with this letter:

- Relevant medication history
- Anti-JCV antibody status
- MRI data
- Patient’s history of relapses
- EDSS history

The previous disease-modifying therapies for this patient include

<b>Medication</b>	<b>Strength</b>	<b>Dates of therapy</b>	<b>Reason for failure/discontinuation</b>

[Provide reason that [Product Name] is the most appropriate treatment for this patient based on medical history, positive or negative anti-JCV antibody status, MRI data, history of relapses, or EDSS history.]

In the case that this appeal is denied, I am also at this time requesting a peer to peer with a plan Medical Director. Please feel free to contact me if you require further information regarding this request. I look forward to your response as soon as possible.

Sincerely,  
[Name]