

**Treatment-naïve Patient
Letter of Medical Necessity**

[Insert Date]

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

Dear [Health Plan Contact Name]:

This letter is regarding your coverage policy of [Enter Product Name] for my patient. I have reviewed your prescription drug policy; however, I feel that the most appropriate treatment for my patient falls outside the established policy. The most appropriate medication for initiating therapy for [his/her] relapsing multiple sclerosis (RMS) is [Enter Product Name].

I have evaluated my patient's clinical symptoms and have provided a summary below:

- [MRI data]
- [Physical Disability]
- [Relapse]

I am prescribing [Enter Product Name] for my patient because I have concluded that it is the most appropriate therapeutic option, for the following reason(s):

- [Reason(s) this treatment is most appropriate for patient]
- [36T] [Further explanation for treatment choice]
- [36T] [Further explanation for treatment choice]
- [36T] [Further explanation for treatment choice]

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

Also, I ask that you review any clinical information I have submitted regarding my patient when considering my request. 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
- DSS history

[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.]

Please feel free to contact me if you require further information regarding this request, and I look forward to your response as soon as possible.

Sincerely,

[Name]