

Patient to remain on current therapy
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 that requires me to take my patient off of [Enter Product Name]. I have reviewed your prescription drug policy; however, I feel that the most appropriate therapy at this time is to continue on [Enter Product Name] for my patient's relapsing multiple sclerosis (RMS).

I have been working with my patient since [Insert Date] to manage their disease. My patient has been on [Enter Product Name] since [Insert Date], and during this time my patient has been stable on therapy, as summarized below:

- [No new lesions as evidenced by MRI data] since [Insert Date]
- [No decline in disability status] as of [Insert Date]

In my medical opinion, I believe that converting therapy is not the right choice based on my clinical judgment for the following reason(s): [Insert reason(s)].

I have included additional documentation regarding my patient, which supports my decision. I ask that you review the information I have indicated below when considering my request:

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

[Provide the 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]