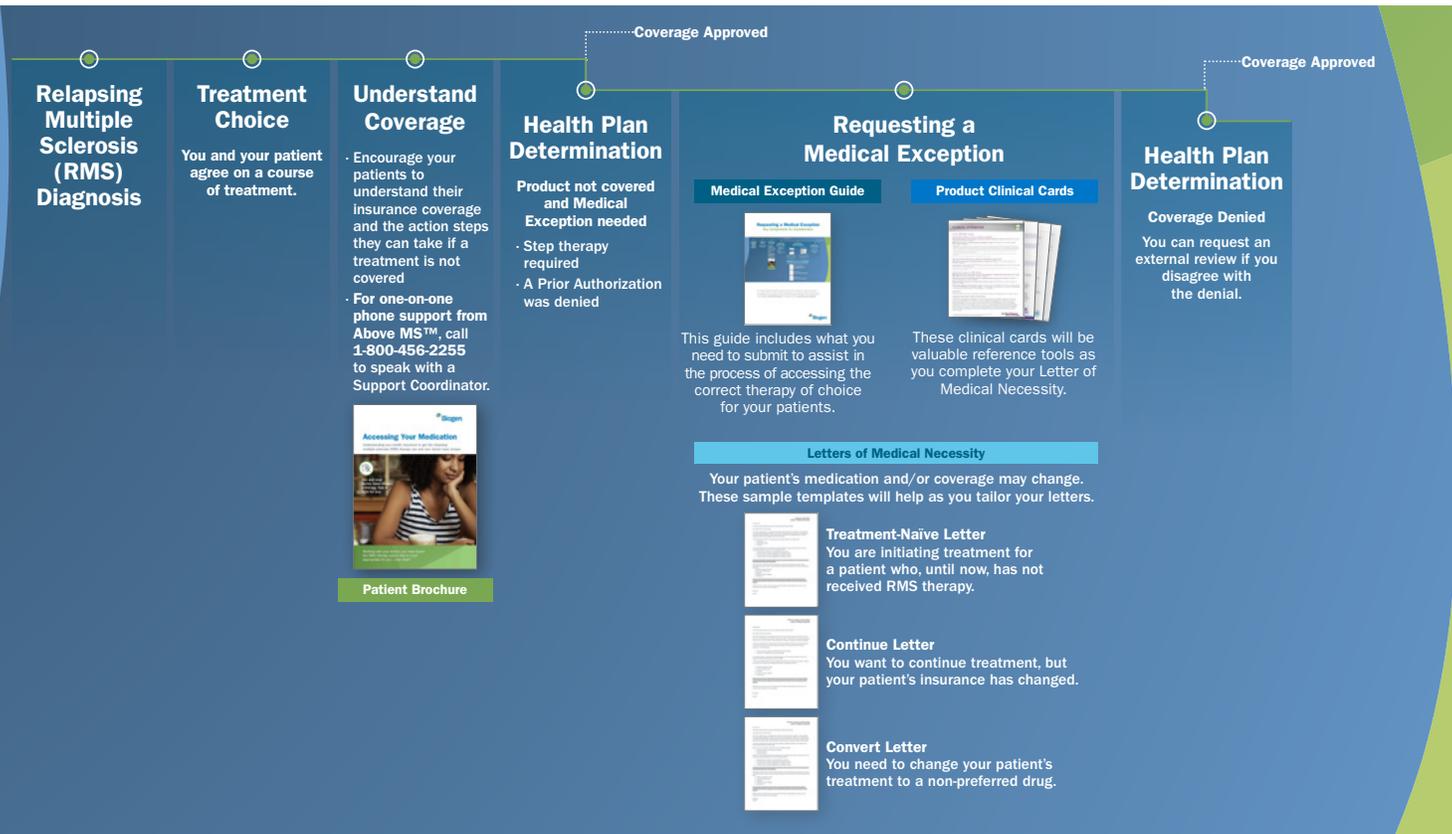


Requesting a Medical Exception

Key Components for Consideration



Health Plan Determination

Product not covered and Medical Exception needed

- Step therapy required
- A Prior Authorization was denied

Requesting a Medical Exception

Medical Exception Guide



This guide includes what you need to submit to assist in the process of accessing the correct therapy of choice for your patients.

Product Clinical Cards



These clinical cards will be valuable reference tools as you complete your Letter of Medical Necessity.

Letters of Medical Necessity

Your patient's medication and/or coverage may change. These sample templates will help as you tailor your letters.



Treatment-Naive Letter

You are initiating treatment for a patient who, until now, has not received RMS therapy.



Continue Letter

You want to continue treatment, but your patient's insurance has changed.



Convert Letter

You need to change your patient's treatment to a non-preferred drug.

Health Plan Determination

Coverage Denied
You can request an external review if you disagree with the denial.

A successful Medical Exception request clearly communicates your treatment decision for a patient based on their individual circumstances. This guide provides information and considerations for preparing a complete Medical Exception package—from submitting the correct **Letter of Medical Necessity** to providing the right **supporting documentation**.

An effective Letter of Medical Necessity is tailored to your patient's needs

Be clear about your patient's individual circumstance—your letter should state whether you are initiating or changing treatment, or whether you want to continue your patient's therapy but their health insurance benefits have changed.

Key considerations when writing a Letter of Medical Necessity



Provide background on your patient's condition

- Summarize their clinical status citing diagnostic disease measures, such as magnetic resonance imaging (MRI) data and Expanded Disability Status Scale (EDSS) score
- If appropriate, list any failed medications, and provide clinical evidence of their inadequate response



Explain why the treatment you recommend is the appropriate choice for your patient

- Provide a clinical justification supporting the treatment you have chosen for your patient
- Review previous treatments you have tried and what results they produced
- State any patient-specific reasons for the treatment choice, such as efficacy, tolerability issues, or route of administration
- Cite relevant literature



Explain why the insurer's suggested treatment is not appropriate for your patient

- List side effects or adverse events that the patient experienced on insurer's suggested treatment
- Cite experience on similar therapies and why they are not suitable for your patient
- List any compliance concerns
- Describe individual patient considerations that impact the choice of treatment
- If your office is associated with a multiple sclerosis (MS) specialist, many health plans value indicating this information in the Letter of Medical Necessity

Additional documentation that supports your decision will strengthen your request

Enclose clinical and other appropriate documentation to help the health plan understand your patient's needs.

Examples of supporting documentation



Details from the patient's medical record

- EDSS scores, MRI data, and relapse history
- If appropriate, general medical history listing comorbidities and any medication history including contraindications
- Provide documentation of clinical evidence for treatment failure such as inadequate response, adverse events, or side effects
- Other relevant patient information may also be included, as appropriate



Other documentation

- Letters from consultants or other medical professionals that provide insight that impacts your treatment choice
- Clinical information regarding your treatment choice, such as the product Prescribing Information

A successful Medical Exception request usually includes additional clinical information that supports the Letter of Medical Necessity.

Additional resources:

FOR YOUR PATIENTS: The Above MS™ program from Biogen™ is committed to helping people living with MS and provides extra support, such as:



Support Coordinators who offer general MS information, one-on-one MS support over the phone, additional injection training, and financial and insurance support



Peer Community that helps your patients connect with others living with MS and share personal experiences to help stay positive and motivated



Financial and Insurance Support to help patients find the best solutions in terms of insurance counseling, Benefit Investigation, our **\$0 Copay Program**, and copay assistance, if eligible



Nurse Educators who provide additional support to your patients and their care partners with injection technique and to respond to questions related to MS. They are available by phone 24/7

Biogen is dedicated to helping your patients access the medication they need. Have your patients call an Above MS Support Coordinator at 1-800-456-2255 (Mon - Fri, 8:30 AM - 8:00 PM ET).