

[Insert Date]

Request for Patient Not Previously Treated With a Disease-Modifying Therapy for Relapsing Multiple Sclerosis (RMS) to Receive [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, the RMS medications preferred by your coverage policy are not appropriate for my patient and my patient's MS, and the most appropriate medication for initiating therapy for [his/her] RMS is [Insert Product Name].

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

- [MRI data]
- [Physical disability]
- [Relapse]
- [Laboratory values]

I am prescribing [Insert Product Name] for my patient because I have concluded that it is the most appropriate therapeutic option for [him/her] 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, dosage, and/or route of administration]

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

Also, I ask that you review any clinical information I have submitted regarding my patient when considering my request, as well as reviewing clinical guidelines and recent clinical trial results. I have indicated the additional information that I have submitted with this letter below:

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

[Provide reason(s) 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]