Insurance Co Name

Insurance Co Address

August 21, 2023

Re: Name: Patient Name

DOB: Enter date of birth

Account #: Enter insurance company account number

To Whom It May Concern:

This letter is to support an appeal for reconsideration of denial of coverage of insert DMT name for my patient, enter patient namefor the management of multiple sclerosis. You have denied coverage for this treatment because insert reason from denial letter here .

Enter patient name was prescribed insert DMT name to manage MS, which was diagnosed in enter year . Based on the data presented in this letter, insert DMT name is medically necessary and the most appropriate treatment for my patient with justifications provided herein.

Generic medications approved by the FDA are safe and effective, however, inactive excipients and ingredients that can differ between generic and brand name medications can potentially be problematic for individuals due to sensitivities, allergies, and intolerances.

Enter patient name has the following contraindication, sensitivity, allergy and/or intolerance to Click or tap here to enter text. This patient has been stable on insert DMT name since enter year .

[The American Academy of Neurology Practice Guideline: Disease-modifying therapies for Adults with Multiple Sclerosis](https://www.aan.com/Guidelines/home/GetGuidelineContent/900) states that starting therapy with an approved disease modifying therapy is an effective strategy to reduce relapses and MRI activity. Additionally, the guideline describes various reasons for the need to switch therapy, including non-adherence, breakthrough disease (switch to an agent with a different MoA), adverse events, or contraindications to the other available therapies.1 In addition, it supports early and ongoing access to the full range of therapy options for patients with MS.

Insert DMT name is medically necessary for my patient. insert DMT name is the most appropriate treatment option for this patient to reduce disability, effectively decrease relapses, and delay disability progression. Delaying or failing to approve the most appropriate treatment further compromises patient care and may result in serious adverse effects, including permanent disability. I respectfully request that you reconsider coverage for this patient. Thank you in advance for your timely response.

Sincerely,

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

1 Rae-Grant A, Day GS, Marrie RA, Rabinstein A, Cree BAC, Gronseth GS, Haboubi M, Halper J, Hosey JP, Jones DE, Lisak R, Pelletier D, Potrebic S, Sitcov C, Sommers R, Stachowiak J, Getchius TSD, Merillat SA, Pringsheim T. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018 Apr 24; 90(17):777-788.