Insurance Co Name

Insurance Co Address

Date

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 choose a reason choose drug 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 has been treated with insert previous therapies used and reasons for discontinuing here.

Choose drug is medically necessary for my patient because insert rationale here. This is supported by the American Academy of Neurology Practice Guideline recommendation [enter appropriate recommendation here.](https://www.aan.com/Guidelines/home/GetGuidelineContent/900)

Choose a drug was approved by the U.S. Food and Drug Administration for patients with Choose an indication. Copaxone received FDA approval for marketing in 1996 for the treatment of patients with relapsing-remitting forms of multiple sclerosis. The agency’s approval was based on review of data from a phase III multicenter, double-blind placebo-controlled trial by the Copolymer 1 Multiple Sclerosis Study Group. 1 A reduction in relapse rate and neurologic improvement were demonstrated again in a later study of Copaxone concluded in 1998. 2 In January 2014, the FDA approved a 40 mg/mL dose of this medication, injected three times per week.The approval was based on benefits and safety demonstrated in a one‐year phase III trial comparing this dose of the medication with placebo. 3 Additionally, glatiramer acetate is one of the safest treatments on the market for Multiple Sclerosis.

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 other available treatments.4

Choose a drug is medically necessary for my patient enter patient name. I respectfully request that you Choose consider/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.

References:

Johnson KP, G Brooks BR, Cohen JA, etl.al. Copolymer 1 reduces relapse rate and improves disability in relapsing-remitting multiple sclerosis: Results of a phase III multicenter, double-blind, placebo-controlled trial. *Neurology* 1995; 45:1268- 1276.

2 Johnson KP, Brooks BR, Cohen JA, etl.al. Extended use of glatiramer acetate (Copaxone) is well tolerated and maintains its clinical effect on multiple sclerosis relapse rate and degree of disability. *Neurology* 1998; 50: 701-708.

3 Khan O, Rickmann P, Boyko A, Selmaj K, Zivadinov R; GALA Study Group Three times weekly glatiramer acetate in relapsing-remitting multiple sclerosis., *Ann Neurol*. 2013 Jun;73(6):705-13. doi: 10.1002/ana.23938. Epub 2013 Jun 28.

4 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.