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 Tascenso ODT® (fingolimod) 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.

Tascenso ODT 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) Additionally, my patient has completed insert screening test and results here, for example Hep B or JCV status.

Tascenso ODT is a sphingosine 1 phosphate receptor modulator and thought to induce some immune cells to remain in the lymph nodes, inhibiting them from migrating in to the brain and spinal cord. Tascenso ODT received market approval from the US Food and Drug Administration (FDA) in December 2021 for the treatment of relapsing forms of MS in patients 10 years of age and older.

Studies were conducted that established Tascenso ODT’s bioequivalence to Gilenya. Tascenso ODT has the same safety profile, side effects, and effectiveness as Gilenya. As an orally disintegrating tablet, this is a new formulation of fingolimod and is a branded product.

[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 current therapy.i

Tascenso ODT 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.

i 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.