Insurance Co Name

Insurance Co Address

July 30, 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 choose a reason Mayzent® (siponimod) 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.

Mayzent 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.

Mayzent is a sphingosine 1 phosphate receptor modulator thought to induce some immune cells to remain in the lymph nodes, inhibiting them from migrating in to the brain and spinal cord. Mayzent received market approval from the US Food and Drug Administration (FDA) in March 2019 for the treatment of relapsing forms of MS, to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease, in adults.

In a phase III trial known as EXPAND involving 1,651 people with secondary progressive MS, siponimod reduced the risk of confirmed disability at 3 months by 21% (the primary endpoint of the study) and reduced the annualized relapse rate by 55% (an additional endpoint) when compared to inactive placebo.i

[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.ii

Mayzent 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.

1 Kappos L, Bar-Or A, Cree BAC, Fox RJ, Giovannoni G, Gold R, Vermersch P, Arnold DL, Arnould S, Scherz T, Wolf C, Wallström E, Dahlke F; EXPAND Clinical Investigators. Siponimod versus placebo in secondary progressive multiple sclerosis (EXPAND): a double-blind, randomised, phase 3 study. Lancet. 2018 Mar 31;391(10127):1263-1273.

ii 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-modifyingtherapies 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.