Insurance Co Name

Insurance Co Address

September 25, 2019

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 H.P. Acthar for my patient enter patient name. Choose He/She is experiencing a severe exacerbation of multiple sclerosis with acute neurological deficits choose a rationale.

Enter patient name suffered an acute exacerbation of multiple sclerosis on enter date, with symptoms including enter symptoms. Choose He/She has contraindications to using high-dose corticosteroids for the management of these symptoms. Enter contraindications here.

Controlled clinical trials have shown Acthar Gel to be effective in speeding the resolution of acute exacerbations of multiple sclerosis, as such, it has FDA approval to treat MS exacerbations. A recent literature review confirmed the efficacy of H.P. Acthar for MS exacerbation treatment and found it to be associated with lower post-therapy healthcare utilization and medical costs, including decreases in hospitalizations, hospital length of stay, outpatient visits, and emergency department visits.1

H.P Acthar is medically necessary for my patient, enter patient name, as choose he/she choose a rationale . 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 Philbin M, Niewoehner J, Wan GJ. (2017). Clinical and Economic Evaluation of Repository Corticotropin Injection: A Narrative Literature Review of Treatment Efficacy and Healthcare Resource Utilization for Seven Key Indications. Adv Ther, 34(8), 1775-1790. doi: 10.1007/s12325-017-0569-9.