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 choose his/her 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 a 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. Interferons directly increase expression of anti-inflammatory agents, restore immune regulatory function and inhibit immune activation. IFNβ treatment may reduce the trafficking of inflammatory cells across the blood-brain barrier.1

Please refer to the consensus paper by the [Multiple Sclerosis Coalition entitled The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence](http://www.nationalmssociety.org/getmedia/5ca284d3-fc7c-4ba5-b005-ab537d495c3c/DMT_Consensus_MS_Coalition_color) for evidence in support of early and ongoing access to the full range of therapy options for patients with MS. 2

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.3

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:

1 Graber JJ, McGraw CA, Kimbrough D, Dhib-Jalbut S. Overlapping and distinct mechanisms of action of multiple sclerosis therapies. Clin Neurol Neurosurg. 2010; 112(7):583-591.

2 Costello K and Kalb R. The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence. Consensus Paper by the Multiple Sclerosis Coalition. 2018.

3 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.