Insurance Co Name

Insurance Co Address

November 4, 2024

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 Zeposia® (ozanimod) 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.

Zeposia 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.

Zeposia is a sphingosine 1-phosphate (S1P) 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. Zeposia received market approval from the US Food and Drug Administration (FDA) in 2020 for the treatment of relapsing forms of MS, to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease, in adults.

In the completed Phase III trials, RADIANCE and SUNBEAM, oral ozanimod 0.92 mg/day for up to 24 months was associated with significantly fewer relapses, fewer lesions on brain MRI, and slowed brain volume loss relative to intramuscular IFN β-1a 30 μg/week.i,ii Ozanimod was well tolerated, with fewer treatment-emergent adverse events (TEAE) leading to discontinuation compared with IFN β-1a.

[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.iii

Zeposia 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 Cohen JA et al. Safety and efficacy of ozanimod versus interferon beta-1a in relapsing multiple sclerosis (RADIANCE): a multicentre, randomised, 24-month, phase 3 trial. Lancet Neurol. 2019;18(11):1021-33.

ii Comi G et al. Safety and efficacy of ozanimod versus interferon beta-1a in relapsing multiple sclerosis (SUNBEAM): a multicentre, randomised, minimum 12-month, phase 3 trial. Lancet Neurol. 2019;18:1009-20.

iii 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.