

Letter Template from Patient with MS to Health Plan: *Request coverage for your MS drug that is not covered*

Sorting out insurance issues can be confusing and frustrating. Sending a letter or e-mail to your health plan can have a positive impact on your coverage, but deciding what to include in a letter is often time-consuming and possibly even confusing.

This letter template can help **when your MS medication is not covered**.

- Simply follow the template instructions by typing in suggested personal details and changing sample paragraphs to match your ideas and needs

Some information to consider including:

- Which medications you have taken (include dates of treatment) and what your experience was with them (did you experience adverse events, increased disease activity?)
- How long you have been taking your current MS medication
- Reasons why your medication works well for you
- Why you would like to keep taking your current medication
- Why switching medications might be challenging

Presented by the International Organization of Multiple Sclerosis Nurses (IOMSN) in partnership with Bayer HealthCare.



Letter Template to Health Plan: Coverage for your MS drug that is not covered

[Date]

[Health Plan Name]
[Your Street Address]
[City, State, Zip]
[Your Phone Number]
[Your E-mail Address]

Subject: Requesting coverage for [Insert drug name]; my prescribed multiple sclerosis (MS) medication that is not covered

Dear [Type the name of the organization that covers your prescription costs]:

[Insert medication name] is medically necessary for my MS and has been prescribed for me. If I am not able to take my medication, [provide details here]. There are no acceptable alternative medications for my MS.

In the next paragraph, you may want to include:

- The name of the medication you are currently taking and want to stay on
- How many years ago you first had symptoms that turned out to be signs of MS
- How long it took from your time of first symptoms to the time you were diagnosed with MS
- How you felt when you first received your diagnosis
- Which medications you have taken and what your experience was with them, including things like quality of life, continuation of work
- How long you have been taking your current MS drug

Sample paragraph:

I am a person living with MS who has experienced successful treatment with [name of medication]. In my case, I first experienced [insert symptoms] [x] years ago, and I received my diagnosis in [year]. My medication history includes taking [x] for [length of time] and [x] for [length of time]—however, my experience was [insert personal experience here]. But I have been treated successfully with [name of medication] for [x] number of years.

In the following paragraph, you may want to include:

- Reasons why your medication works well for you
- Reasons why you must stay on your current medication and why switching is unacceptable

In your last paragraph, consider saying:

- I look forward to hearing back from your health plan as soon as is convenient
- You can reach me at the telephone number and/or e-mail address provided
- I hope that my experience and needs will be recognized, understood, and valued

I look forward to hearing back from you at your earliest convenience at telephone number [(xxx) xxx-xxxx] and/or at e-mail address: [username@yourserver.com]. It is my hope that my experience with MS and MS treatment will be understood and taken under consideration by my health plan.

Sincerely,

[Leave space here for your signature and contact information]

Letter Template from Patient with MS to Health Plan: *Request to continue MS drug coverage*

Sorting out insurance issues can be confusing and frustrating. Sending a letter or e-mail to your health plan can have a positive impact on your coverage, but deciding what to include in a letter is often time-consuming and possibly even confusing.

This letter template can help **when you are requesting continued coverage. This is especially helpful to do before open enrollment to ensure your medication remains on formulary for the next coverage year.**

- Simply follow the template instructions by typing in suggested personal details and changing sample paragraphs to match your ideas and needs

Some information to consider including:

- Which medications you have taken (include dates of treatment) and what your experience was with them (did you experience adverse events or increased disease activity?)
- How long you have been taking your current MS medication
- Reasons why your medication works well for you
- Why you would like to keep taking your current medication
- Why switching medications might be challenging

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Letter Template to Health Plan: Request to Continue MS Drug Coverage

[Date]

[Health Plan Name]
[Your Street Address]
[City, State, Zip]
[Your Phone Number]
[Your E-mail Address]

Subject: Request for continued coverage for my current medication, [Insert drug name], for multiple sclerosis (MS)

Dear [Type the name of the organization that covers your prescription costs]:

[Insert medication name] is medically necessary for my MS and has been prescribed for me. If I am not able to take my medication, [provide details here]. There are no acceptable alternative medications for my MS.

In the next paragraph, you may want to include:

- The name of the medication you are currently taking and want to stay on
- How many years ago you first had symptoms that turned out to be signs of MS
- How long it took from your time of first symptoms to the time you were diagnosed with MS
- How you felt when you first received your diagnosis
- Which medications you have taken and what your experience was with them, including things like quality of life, continuation of work
- How long you have been taking your current MS drug

Sample paragraph:

I am a person living with MS who has experienced successful treatment with [name of medication]. In my case, I first experienced [insert symptoms] [x] years ago, and I received my diagnosis in [year]. My medication history includes taking [x] for [length of time] and [x] for [length of time]—however, my experience was [insert personal experience here]. But I have been treated successfully with [name of medication] for [x] number of years.

In the following paragraph, you may want to include:

- Reasons why your medication works well for you
- Reasons why you must stay on your current medication and why switching is unacceptable

In your last paragraph, consider saying:

- I look forward to hearing back from your health plan as soon as is convenient
- You can reach me at the telephone number and/or e-mail address provided
- I hope that my experience and needs will be recognized, understood, and valued

I look forward to hearing back from you at your earliest convenience at telephone number [(xxx) xxx-xxxx] and/or at e-mail address: [username@yourserver.com]. It is my hope that my experience with MS and MS treatment will be understood and taken under consideration by my health plan.

Sincerely,

[Leave space here for your signature and contact information]