Sample of Letter of Medical Necessity for ACTEMRA in Rheumatoid Arthritis.
Please translate this sample letter on to your own physician's letterhead before printing.

Date

Contact Name
Insurance Company
Address
City, State, Zip code

RE: Patient name
Policy number
Group number

RE: Authorization for ACTEMRA (tocilizumab) therapy, (JXXXX)

Dear [Payer name]:

Please see the enclosed documentation demonstrating the medical necessity of ACTEMRA. My patient [Patient's name] has moderately to severely active rheumatoid arthritis, and I have prescribed this FDA-approved medication. I would appreciate prompt review of this information and authorization of ACTEMRA.

Patient's clinical history

[Patient's name] is a [age]-year-old [gentleman/lady] who was diagnosed in [date] with rheumatoid arthritis. [His/her] disease is causing [symptoms/disability]. (Describe TNFi and any prior treatments here).

Treatment Information

ACTEMRA was FDA approved on January 8, 2010 for the treatment of moderately to severely active Rheumatoid Arthritis in adult patients who have had an inadequate response to one or more TNF antagonist therapies. IL-6 is a key cytokine the pathophysiology of rheumatoid arthritis (RA). Elevated levels of IL6 have been shown to play a key role in the signs and symptoms of RA. ACTEMRA is a recombinant humanized anti-human interleukin 6 (IL-6) receptor monoclonal antibody that binds specifically to both soluble and membrane-bound IL-6 receptors (sIL-6R and mIL-6R), and has been shown to inhibit IL-6- mediated signaling through these receptors ACTEMRA has shown clinical efficacy in patients who have failed TNF antagonist therapies.

Treatment Plan

When used in combination with DMARDs or as monotherapy the recommended starting dose is 4 mg/kg followed by an increase to 8 mg/kg based on clinical response (please select the recommended dosage per treatment plan). ACTEMRA is given via an intravenous infusion once every four weeks.

That is the regimen that I would like to use on [patient's name]. Please review this information promptly for authorization of ACTEMRA as my patient is experiencing a great deal of pain and disability from [his/her] active and severe rheumatoid arthritis. I can be reached at [phone number] for additional information and discussion. Thank you.

Sincerely,

[Physician's name]

Enclosures (suggested):
FDA approval letter & package insert; clinical notes and relevant lab reports