

Date _____

RE:

To Whom It May Concern:

I am writing this letter to support my request to treat my patient [listed above] with Rasuvo™ (methotrexate) injection, at a once-weekly dose of _____ mg, for the treatment of [active, severe rheumatoid arthritis, active pJIA, or severe, recalcitrant, disabling psoriasis]. I have outlined below my patient's medical history, prognosis, and treatment rationale for your review.

Summary of patient history: [include history, diagnosis, symptoms, previous and current therapies, including response to previous and current therapies]

Proposed treatment plan with Rasuvo: [include why patient meets approved indication for Rasuvo and summary of your professional opinion on patient's prognosis/outcome without Rasuvo]

In summary, I believe it is medically appropriate and necessary to treat this patient with Rasuvo at this time, and I am requesting its coverage and reimbursement. I have included the package insert for Rasuvo, which details additional clinical information about this FDA-approved product.

Thank you for your consideration in approving this claim. Please contact me if you require any additional information.