

[Name of insurance company]
[Company street address]
[Company city, state, ZIP]

To Whom It May Concern:

I am writing this letter requesting Expedited Approval of Coverage for MuGard on behalf of my patient, **[Patient Name]**. My patient has been diagnosed with a malignancy and is in the process of receiving or will be receiving a series of chemotherapy and/or radiation treatments. Due to their malignancy, and as a result of their treatment plan, they are likely to get oral mucositis.

Oral Mucositis is a side effect of many cancer treatments and all patients treated with high-dose radiation to the head and neck are expected to experience some degree of OM. The severity and course of OM may be worsened when radiation is combined with chemotherapy. Oral mucositis is an inflammation of mucous membranes in the mouth and can add to patient suffering. The lesions of OM usually appear as red, burn-like or ulcer-like sores in the mouth. With these symptoms, patients may have trouble eating, swallowing and talking.

MuGard has been cleared by the FDA, tested in a Phase IV clinical trial and has proven to reduce mouth and throat soreness associated with oral mucositis. I have found MuGard to be a good option in managing oral mucositis in my cancer patients. MuGard is contraindicated in patients who are allergic to any of its ingredients.

I am requesting that you provide an Expedited Approval of Coverage for MuGard. I further request that MuGard be added to your formulary so that it is a covered pharmacy benefit and future patients can access MuGard during the course of their prescribed chemotherapy and/or radiation therapy.

If you have any questions about MuGard, or the details I have provided, please do not hesitate to contact me.

Sincerely,
[Physician's name and credentials]
[Title]
[Name of Practice]
[Street address]