To whom it may concern,

Mr./Mrs. [patient’s name] is followed at [insert hospital name if applicable]. She/He has a rare histiocytic neoplasm, called Erdheim Chester Disease (ECD). His/Her primary site of involvement is [include location of involvement in patient.] She/He has been treated for several years with [include previous treatments]. Unfortunately, despite this therapy, the disease has progressed. Analysis of the tissue biopsy revealed that [patient’s name] does not have the BRaF V600 mutation. This means the patient is not a candidate for Vemurafenib, the new standard of care for ECD patients who fail other treatments. Cobimetinib has been shown to be effective in patients with ECD who do not have the BRaF mutation. For patients who are unable to tolerate other treatments, cobimetinib has resulted in resolution of the disease.

Therefore, I have written a prescription for [patient’s name] to receive this medication to be taken twice daily.

If you have any questions, please feel free to contact me.

Sincerely,

[Your name]