

**This letter is only intended as a SAMPLE Letter of Appeal
For GOCOVRI™ (amantadine) extended release capsules
PLEASE USE PROVIDER'S LETTERHEAD**

Date:

Insurance Company Name

Street Address

City, State, Zip Code

Re: Letter of Appeal for: Patient Name, Date of Birth, Policy ID#, Group#

Dear Sirs:

I am writing this letter on behalf of my patient, <patient's name> to appeal the denial of coverage for GOCOVRI (amantadine) extended release capsules which is indicated for the treatment of dyskinesia (sudden uncontrolled movements) in Parkinson's disease patients treated with levodopa-based therapy, with or without concomitant dopaminergic medicines .

Your organization cited the reason for the denial as <reason for denial>. My patient has a diagnosis of dyskinesia which is associated with their Parkinson's disease and is receiving a levodopa-based therapy. I prescribed GOCOVRI based on my clinical assessment of my patient and their medical history. Please review the information below that supports their use of GOCOVRI.

Medical History

Patient's medical history, diagnosis and current conditions

Treatment History

Prior treatments and response to those treatments

Based on my clinical opinion, GOCOVRI is medically necessary to treat <patients name>'s dyskinesia which is associated with their Parkinson's disease. <summary as to why based on your clinical judgement>.

If you have any additional concerns about approving this necessary treatment for my patient, please contact my office at <office phone number> and I will be happy to discuss further.

Sincerely,

<Physician's name>