

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

Date:

Insurance Company Name

Street Address

City, State, Zip Code

Re: Letter of Medical Necessity 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 formally document medical necessity for treatment with 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 .

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 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>