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Please see below a sample letter of medical exception. If your patient's health insurance provider excludes or has not made a coverage decision on MOTPOLY XR™ (lacosamide) extended-release capsules, a letter of medical exception may be used to help your patients who need MOTPOLY XR obtain coverage for it. The following letter provides an example of the type of information that may be required when seeking coverage from a patient's insurance company.

Use of this template or the information within does not guarantee coverage. It is not intended to be a substitute for, or to influence the independent clinical decision of, the prescribing healthcare professional.

To use the template

Replace or delete all nonrelevant bracketed text with patient-specific relevant information.

[Practice Letterhead]

[Date:]

[Payer Company Name]

[Street/Building Address]

[City, State ZIP]

ATTN: *[Contact Name/ Contact Title]*

Re: Letter of MOTPOLY XR Medical Exception for *[Plan Member Name]*

[Plan member information:]

Name: *[First and Last]*

Date of Birth: *[MM/DD/YYYY]*

Policy Number: *[Number]*

Group Number: *[Number]*

Dear *[Pharmacy Director/Payer Contact Name]*:

I am writing to you on behalf of my patient *[Patient's Name]* to request approval for coverage of lacosamide extended release (MOTPOLY XR™) for *[his/her]* treatment. This letter explains my rationale for prescribing MOTPOLY XR for *[Patient's Name]*, who has a diagnosis of partial-onset seizures and has been in my care since *[Date]*.

Multiple studies have demonstrated the long-term efficacy and safety of lacosamide as both monotherapy and adjunctive therapy in patients with partial-onset seizures.¹⁻⁴ MOTPOLY XR—lacosamide, now in a single daily dose—is the only once-a-day extended-release formulation of lacosamide available in the United States. MOTPOLY XR has been FDA approved since May 2023 and is indicated for the treatment of partial-onset seizures for patients weighing at least 50 kgs.

During the time [Patient's Name] has been in my care, [Insert information about patient's current therapy and previous treatments to manage seizures. Detail reasons for patient benefiting from once-daily dosing. Include instances of patient not following dosing regimen].

Comorbidities, polypharmacy, and lifestyle are important issues in the treatment of epilepsy. These considerations factor into my decision to prescribe MOTPOLY XR for my patients who may benefit from once-daily dosing.

It is my view that MOTPOLY XR is medically necessary to treat [Patient Name's] partial-onset seizures and I ask that you consider coverage of MOTPOLY XR on [Patient Name's] behalf.

Sincerely,

[Prescriber's Signature]

[Prescriber's Name]

References: **1.** Ben-Menachem E, Dominguez J, Szasz J, et al. Long-term safety and tolerability of lacosamide monotherapy in patients with epilepsy: results from a multicenter, open-label trial. *Epilepsia Open*. 2021;6:618-623. **2.** Hou L, Peng B, Zhang D, et al. Clinical efficacy and safety of lacosamide as an adjunctive treatment in adults with refractory epilepsy. *Front Neur*. 2021;12:712717.doi:10.3389/fneur.2021.712717.2021. **3.** Chung S, Ben-Menachem E, Sperling MR, et al. Examining the clinical utility of lacosamide: pooled analyses of three phase II/III clinical trials. *CNS Drugs*. 2010;24(12):1041-1054. **4.** Wechsler RT, Li G, French J, et al. Conversion to lacosamide monotherapy in the treatment of focal epilepsy: results from a historical-controlled, multicenter, double-blind study. *Epilepsia*. 2014;55(7):1088-1098.

Enclosures: PI, Medication Guide

To learn more, patients please refer to MotpolyXR.com and US Healthcare Professionals refer to MotpolyXRhcp.com.

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