

Date: [Date]

To: [Insurance Company Name / Pharmacy Benefit Manager]

Attention: [Prior Authorization Department / Appeals Department]

Fax/Address: [Fax Number or Address]

RE: Letter of Medical Necessity for Compounded Medication

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Member ID: [Member ID Number]

Group Number: [Group Number]

To Whom It May Concern,

I am writing to request coverage for a compounded medication for my patient, [Patient Name], who is currently under my care for the treatment of [Diagnosis/Condition]. The specific medication required is [Active Ingredient Name] in a non-standard dosage of [Strength/Dose] mg, prepared as a compounded capsule.

Clinical Justification:

The patient requires a dose of [Specific Dose] mg. Currently, there is no FDA-approved, commercially manufactured version of this medication available in this specific strength. Commercially available strengths of [Commercial Strengths Available] are clinically inappropriate for this patient because:

- [Reason 1: e.g., Patient requires precise titration not possible with commercial tablets]
- [Reason 2: e.g., Commercial doses would lead to toxicity or sub-therapeutic levels]
- [Reason 3: e.g., Patient is unable to split/cut tablets accurately due to [Reason]]

Treatment History:

The patient has previously tried and failed the following standard treatments:

- [Medication Name]: [Dates], [Reason for Failure/Side Effects]
- [Medication Name]: [Dates], [Reason for Failure/Side Effects]

Because a precise, non-standard dosage is critical to this patient's treatment plan and safety, a compounded capsule is the only viable therapeutic option. Failure to provide this specific dosage may result in [Potential Negative Health Outcomes].

I request that you approve coverage for this compounded medication. Please contact me at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

Physician Name: [Physician Name, Degree]

NPI Number: [NPI Number]

Practice Name: [Practice Name]

Phone: [Phone Number]