

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Prior Authorization Department / Medical Review

Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Compounded Sugar-Free Medication

Patient Name: [Patient First and Last Name]

Date of Birth: [MM/DD/YYYY]

Policy ID Number: [Insert ID Number]

Group Number: [Insert Group Number]

To Whom It May Concern,

I am writing to request a formal coverage exception and authorization for a compounded sugar-free version of [Name of Medication] for my patient, [Patient Name].

Diagnosis:

The patient is currently being treated for [List Primary Condition, e.g., Hypertension] and has a secondary diagnosis of Type [1 or 2] Diabetes Mellitus (ICD-10: [Insert Code]).

Clinical Justification:

The standard commercially available version of this medication contains inactive ingredients-specifically sucrose, sorbitol, or other glycemic agents-that pose a significant risk to this patient's glycemic control. Given the patient's clinical history of [mention if patient has brittle diabetes, high A1C, or frequent ketoacidosis], the intake of added sugars in chronic liquid medication is contraindicated.

Attempted Therapies:

The following alternatives were considered but are inappropriate for this patient:

- [Commercial Product Name]: Rejected due to high sugar/sorbitol content.
- [Alternative Medication]: [Reason for failure or contraindication].

Proposed Treatment Plan:

A compounded, sugar-free formulation is medically necessary to ensure the patient receives the required dosage of [Medication Name] without causing dangerous fluctuations in blood glucose levels. This custom formulation will use non-glycemic excipients to maintain metabolic stability.

I request that you approve coverage for this compounded medication as it is a vital component of the patient's treatment plan. Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Clinic Name]

[Phone/Fax]