

[Physician Name]
[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Attn: Medical Review/Appeals Department]
[Insurance Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Spironolactone (Off-Label Use)

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Policy Number: [Policy Number]
Group Number: [Group Number]

To Whom It May Concern,

I am writing to request a formal coverage review for the use of Spironolactone for my patient, [Patient Name], who is currently under my care for the treatment of severe hormonal acne (ICD-10 Code: [Insert Code, e.g., L70.0]).

The patient presents with persistent acne that follows a hormonal distribution. Clinical evaluation indicates that the patient's condition is driven by androgen sensitivity. Despite Spironolactone being FDA-approved as a diuretic, it is widely recognized in clinical dermatology guidelines as a gold-standard treatment for adult female hormonal acne due to its anti-androgenic properties.

Clinical Documentation:

- Current Severity: [Describe severity, e.g., cystic lesions, scarring, or psychological distress].
- Previous Treatments: The patient has previously failed the following conventional therapies: [List treatments, e.g., Topical Retinoids, Benzoyl Peroxide, Oral Antibiotics, or Birth Control Pills] for a duration of [Time Period].
- Contraindications: [Mention any contraindications to alternative medications if applicable].

Based on the patient's medical history and the failure of first-line FDA-approved acne treatments, I have determined that Spironolactone is medically necessary to prevent further permanent scarring and to manage this chronic condition. It is a cost-effective alternative to more aggressive treatments such as Isotretinoin.

I request that you approve the coverage for Spironolactone [Dosage, e.g., 50mg-100mg daily] for this patient. Please contact me at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]