

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

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

**RE: Letter of Medical Necessity for Prazosin**

**Patient Name:** [Patient Full Name]

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

**Member ID:** [Member ID Number]

**Group Number:** [Group Number]

To Whom It May Concern,

I am writing to request authorization for the use of Prazosin for my patient, [Patient Name], to treat trauma-related nightmares associated with Post-Traumatic Stress Disorder (PTSD) (ICD-10 Code: F43.12).

While Prazosin is FDA-approved as an antihypertensive agent, its use for PTSD-related nightmares is widely recognized as a standard of care in clinical psychiatric practice. [Patient Name] experiences severe, recurrent nightmares that result in significant sleep fragmentation, daytime impairment, and a decrease in overall functional capacity.

**Clinical History and Previous Trials:**

The patient has previously attempted and failed the following treatments/medications for sleep and PTSD symptoms:

- [Trial 1: e.g., Trazodone], [Dates], [Reason for failure/side effects]
- [Trial 2: e.g., Melatonin/OTC], [Dates], [Reason for failure]
- [Trial 3: e.g., SSRI/SNRI], [Dates], [Reason for failure]

**Rationale for Treatment:**

Current clinical literature and the VA/DoD Clinical Practice Guidelines for the Management of Posttraumatic Stress Disorder support the use of Prazosin as an effective intervention for reducing the frequency and intensity of trauma-related nightmares. Given the patient's history and the severity of their symptoms, Prazosin is a medically necessary component of their treatment plan to stabilize their condition and prevent further clinical deterioration.

I request that you approve the coverage for Prazosin for this patient. Please contact my office at [Phone Number] if you require any further documentation or clinical notes.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]