

[Date]  
[Insurance Company Name]  
[Prior Authorization Department Address]  
[City, State, Zip Code]

**RE: Letter of Medical Necessity for Amitriptyline (Off-Label)**

Patient Name: [Patient Full Name]  
Date of Birth: [MM/DD/YYYY]  
Policy Number: [Policy Number]  
Group Number: [Group Number]  
Claim/Reference Number: [Reference Number, if applicable]

To Whom It May Concern,

I am writing to formally request coverage for Amitriptyline for my patient, [Patient Name], who has been diagnosed with Irritable Bowel Syndrome (IBS) with a primary symptom profile of [diarrhea/pain/urgency].

While Amitriptyline is FDA-approved as an antidepressant, it is widely recognized in clinical practice and by the American College of Gastroenterology (ACG) as a first-line neuromodulator for the treatment of IBS. In this case, Amitriptyline is being prescribed at a low dose (sub-therapeutic for depression) specifically to target the patient's visceral hypersensitivity and gastrointestinal motility issues.

**Clinical Justification:**

[Patient Name] has suffered from IBS for [Length of Time]. Despite standard treatments, the patient continues to experience significant [list symptoms, e.g., abdominal pain and frequent bowel movements].

**Previous Therapies Attempted:**

- [Therapy/Medication 1]: [Date/Duration] - Result: [Inadequate response/side effects]
- [Therapy/Medication 2]: [Date/Duration] - Result: [Inadequate response/side effects]
- [Dietary Modifications]: [e.g., Low FODMAP] - Result: [Inadequate response]

The use of low-dose Tricyclic Antidepressants (TCAs) like Amitriptyline is supported by extensive peer-reviewed literature for IBS management when conventional therapies fail. Given the patient's clinical history, I believe this medication is medically necessary to improve their functional status and prevent further complications or emergency department visits.

I request that you approve the coverage for Amitriptyline as prescribed. Please contact my office at [Phone Number] if you require additional documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]