

**Date:** [Date]

**To:** [Insurance Company Name]

**Attention:** Medical Review/Appeals Department

**Fax/Address:** [Insert Fax Number or Address]

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

**Date of Birth:** [Patient DOB]

**Policy Number:** [Policy ID Number]

**Group Number:** [Group Number]

**Subject: Letter of Medical Necessity for Metformin (Off-label use for PCOS)**

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to request coverage for Metformin. Although Metformin is FDA-approved for Type 2 Diabetes, it is the clinical standard of care for the management of Polycystic Ovary Syndrome (PCOS), which this patient has been diagnosed with (ICD-10 Code: E28.2).

**Clinical Documentation:**

The patient presents with the following symptoms and diagnostic markers:

- [Insert Symptom: e.g., Insulin Resistance/Acanthosis Nigricans]
- [Insert Symptom: e.g., Irregular Menstrual Cycles]
- [Insert Symptom: e.g., Hyperandrogenism/Hirsutism]
- Laboratory results indicating [Insert Lab: e.g., Elevated Fasting Insulin/Glucose levels]

**Medical Justification:**

Metformin is essential for this patient to improve insulin sensitivity, reduce androgen levels, and prevent long-term complications such as Type 2 Diabetes and cardiovascular disease. Clinical guidelines from the Endocrine Society and the American College of Obstetricians and Gynecologists (ACOG) support the use of Metformin in PCOS patients who exhibit insulin resistance or who have failed to respond to lifestyle modifications alone.

**Previous Treatments:**

The patient has previously attempted the following without adequate success:

- [Insert Previous Treatment: e.g., Lifestyle and Dietary Changes]
- [Insert Previous Treatment: e.g., Oral Contraceptives]

For the reasons stated above, I request that you approve the coverage for Metformin for [Patient Name]. Should you require additional information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]