

To Whom It May Concern:

I am writing on behalf of my patient, who is under my care for {primary adrenal insufficiency 255.41; congenital adrenal hyperplasia 255.2; panhypopituitarism 253.2; other specified hypopituitarism 253.4; iatrogenic pituitary disorders 253.7}. I have prescribed hydrocortisone for long-term adrenal replacement therapy as is the accepted standard of care within the endocrine community. Hydrocortisone is another name for cortisol and is the most physiologic form of adrenal replacement therapy; consequently, hydrocortisone is a significant therapy for this potentially life-threatening deficiency. Hydrocortisone is the glucocorticoid drug least likely to cause long-term health consequences such as reduced bone density, weight gain, glucose intolerance, and other stigmata of iatrogenic Cushing syndrome. I urge you to approve a copayment adjustment to the lowest generic tier for hydrocortisone. The more potent synthetic glucocorticoids, including prednisone, methylprednisolone, and dexamethasone, share lowest generic tier copayment pricing but are significantly more toxic alternatives and less suitable for chronic therapy in this patient. Thank you for your attention to this matter.

Sincerely,