

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Insurance Company/Pharmacy Benefit Manager Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Approval of Prescription Medication

I hope this letter finds you well. I am writing to formally request the approval of the following prescription medication:

- **Medication Name:** [Medication Name]
- **Prescribing Physician:** [Physician's Name]
- **Diagnosis:** [Diagnosis/Condition]
- **Prescription Date:** [Prescription Date]

The prescribing physician has determined that this medication is medically necessary for my treatment and has indicated that it is the most effective option based on my specific health needs.

Attached to this letter are the supporting documents, including:

- A copy of the prescription
- A letter from my physician outlining the medical necessity
- Any relevant medical records or test results

I kindly ask that you review this request at your earliest convenience, as timely access to this medication is crucial for my health. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information or clarification regarding my case.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]