

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Pharmacy or Insurance Provider's Name]
[Address]
[City, State, Zip Code]
Subject: Rx Request for Specialty Drug
Dear [Pharmacy/Insurance Provider's Name],
I am writing to request authorization for the specialty medication, [Drug Name] (NDC: [NDC Number]), for my patient, [Patient's Name], DOB: [Patient's Date of Birth], who is currently under my care.
Patient Information:
- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance Provider: [Insurance Provider Name]
- Policy Number: [Policy Number]
Clinical Information:
- Diagnosis: [Patient's Diagnosis]
- Relevant Medical History: [Brief background of the patient's health and previous treatments tried]
- Current Medications: [List any current medications]
Rationale for Specialty Drug Use:
[Explain why this specialty drug is required for the patient's treatment, including clinical guidelines or evidence supporting its use.]
Prescription Details:
- Drug Name: [Drug Name]
- Dosage: [Dosage]
- Frequency: [Frequency of administration]
- Duration: [Duration of therapy]
Please find attached the patient's medical records and any relevant lab results that support this request.
Thank you for your attention to this matter. I look forward to your prompt response.
Sincerely,
[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Your Contact Information]