

[Your Name]
[Your Title]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Insurance Company/Health Plan Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

RE: Request for Drug Authorization - [Patient's Name, Date of Birth, Insurance ID]

I am writing to formally request prior authorization for the medication [Drug Name], prescribed to my patient, [Patient's Name], who has been diagnosed with [specific diagnosis/condition].

After evaluating [Patient's Name]'s medical history and considering available treatment options, it is clear that [Drug Name] is the most appropriate choice due to [brief explanation of why this medication is necessary, including previous treatments and responses].

Attached to this letter, you will find the following documents to support this request:

1. A copy of the prescription
2. Patient's medical records detailing their diagnosis and treatment history
3. Relevant clinical guidelines or evidence supporting the use of [Drug Name] for this condition

I appreciate your urgent attention to this matter, as timely access to this medication is crucial for [Patient's Name]'s health and well-being.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]