

[Your Name]  
[Your Title/Position]  
[Your Pharmacy Name]  
[Pharmacy Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorization Request for Prescription Medication

I hope this letter finds you well. I am writing to request prior authorization for the medication prescribed to my patient, [Patient's Name], who has been diagnosed with [Patient's Condition].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance ID: [Patient's Insurance ID]

Medication:

- Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Duration: [Duration of Treatment]

Prescribing Physician Information:

- Name: [Physician's Name]
- NPI Number: [Physician's NPI]
- Contact Information: [Physician's Phone Number]

Clinical Information:

[Provide a brief explanation of the patient's medical condition, prior treatments, and the rationale for prescribing this medication.]

Please find attached the supporting documentation, including [list any attached documents such as patient history, lab results, or letters from the prescribing physician].

I kindly ask that you expedite this authorization request due to the urgency of [mention any relevant time sensitivity].

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Pharmacy Name]