

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

[Insurance Company Name]
[Claims Department/Authorization Department]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Specialty Rx Authorization for [Patient's Name]

Dear [Insurance Representative's Name or "To Whom It May Concern"],
I am writing to request prior authorization for the specialty medication,
[Medication Name], for my patient, [Patient's Name], [Patient's Date of
Birth], [Patient's Insurance ID Number].

Diagnosis: [Diagnosis or condition that warrants the medication]

Proposed Treatment: [Details about the medication, including dosage and
administration route]

Clinical Justification:

[Provide a brief summary of the patient's medical history, including
relevant past treatments, the necessity for this medication, and how it
aligns with established treatment guidelines.]

I have attached all relevant documentation, including [list any included
documents, e.g., lab results, patient history, previous medication
trials, etc.], to support this request.

Please feel free to contact me at [your phone number] or [your email
address] if you require any further information. I appreciate your prompt
attention to this matter and look forward to your swift approval of this
request.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization]
[Your NPI Number (if applicable)]

Attachments: [List any attached documents]