

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Authorization Request for Xolair Medication

Dear [Insurance Company Representative's Name or "To Whom It May Concern"],

I am writing to request prior authorization for the medication Xolair (omalizumab) for my [relationship to the patient, e.g., son, daughter, self] [Patient's Name], [Patient's Date of Birth]. [He/She/They] has been diagnosed with [specific medical condition] and requires this medication as a part of [his/her/their] treatment plan.

Attached to this letter are [mention any supporting documents, such as medical records, physician's notes, etc.] that detail the medical necessity of this medication for [Patient's Name].

Please let me know if you require any additional information to process this request. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient, if applicable]