

[Your Doctor's Name]
[Your Doctor's Office/Practice Name]
[Office Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Insurance Company Name]
[Claims Department/Recipient Name]
[Insurance Company Address]
[City, State, Zip Code]

Re: Request for Authorization for Xolair

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to request prior authorization for my patient, [Patient's Name], for the use of Xolair (omalizumab). [Patient's Name] has been diagnosed with [specific condition, e.g., asthma, chronic idiopathic urticaria], and after thorough evaluation, I believe that Xolair is a medically necessary treatment for their condition.

[Include a brief summary of the patient's medical history, previous treatments, and rationale for prescribing Xolair. Mention any relevant lab results or other treatments that have been ineffective.]

Given the patient's condition and the challenges faced with their current treatment regimen, I believe that Xolair represents a crucial option to help manage their symptoms and improve their quality of life. I kindly ask that you expedite this authorization process so that we can begin treatment as soon as possible.

Please do not hesitate to contact me for any further information or documentation needed to support this request. Thank you for your attention to this matter.

Sincerely,

[Your Doctor's Signature]
[Your Doctor's Printed Name]
[Your Doctor's Title/Specialty]
[Medical License Number]