

[Your Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Re: Request for Prior Authorization for Xolair Therapy

Patient: [Patient's Name]

DOB: [Patient's Date of Birth]

Insurance ID: [Patient's Insurance ID]

Dear [Insurance Company/Claims Adjuster's Name],

I am writing to request prior authorization for Xolair (omalizumab) therapy for my patient, [Patient's Name]. [He/She/They] has been diagnosed with [specific diagnosis, e.g., moderate to severe asthma, chronic idiopathic urticaria, etc.] and has been experiencing [brief description of symptoms or condition severity].

After thorough evaluation and management of [Patient's Name]'s condition, including [list previous treatments or medications tried, duration, and outcomes], it has become clear that Xolair is necessary for the effective treatment and management of [his/her/their] condition.

Clinical evidence suggests that Xolair can provide significant benefit for patients with [specific condition], particularly for those like [Patient's Name] who have not achieved adequate control with standard therapies. [Add any relevant clinical evidence, guidelines, or patient history that supports the use of Xolair for this patient.]

I respectfully request that you approve this prior authorization so that [Patient's Name] can receive the necessary treatment as soon as possible. Please feel free to contact me at [your phone number] or [your email] for any additional information or documentation required to facilitate this request.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Practice/Organization Name]