

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

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

Subject: Request for Authorization of Xolair Treatment

Dear [Insurance Company/Recipient Name],

I am writing to formally request authorization for Xolair (omalizumab) treatment for my medical condition, as advised by my healthcare provider, Dr. [Doctor's Name], who specializes in [relevant specialty].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Policy Number: [Patient's Policy Number]

Diagnosis:

I have been diagnosed with [specific diagnosis, e.g., moderate to severe asthma, chronic urticaria, etc.], which has been difficult to manage with standard therapies. My medical history reflects [brief description of previous treatments and their outcomes].

Treatment Rationale:

Xolair is indicated for [specific indication relevant to your health], and my physician believes that this treatment is necessary for management of my condition due to [reason why standard treatments have been insufficient].

Supporting Information:

Attached are medical records, letters from Dr. [Doctor's Name], and documentation of my treatment history that support this request for the Xolair authorization.

I appreciate your attention to this matter and respectfully request that you approve this treatment. Please feel free to contact me or my physician at [Physician's Phone Number] should you require any further information.

Thank you for your prompt consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]