

[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 Coverage of Xtandi

Dear [Insurance Representative's Name or "Claims Department"],  
I am writing to formally request coverage for the medication Xtandi (enzalutamide) for my treatment. My physician, Dr. [Physician's Name], has prescribed this medication for my condition, [briefly state your condition, e.g., prostate cancer], and I believe it is essential for my treatment plan.

Enclosed with this letter are the necessary documents, including:

1. A copy of my prescription for Xtandi.
2. Medical records confirming my diagnosis.
3. A letter of medical necessity from Dr. [Physician's Name] outlining the reasons Xtandi is the appropriate treatment for me.

I kindly ask you to review these documents and reconsider your decision regarding the coverage for this medication. Xtandi is crucial in managing my health condition and improving my quality of life.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Policy Number]