

[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 Prior Approval for Xtandi (Enzalutamide)

Dear [Insurance Representative's Name or "To Whom It May Concern"],
I am writing to request prior approval for the medication Xtandi (enalutamide) for my patient, [Patient's Name], who has been diagnosed with [specific diagnosis, e.g., metastatic castration-resistant prostate cancer].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Policy Number: [Patient's Policy Number]
- Patient's Diagnosis: [Diagnosis Details]
- Prescribing Physician: [Your Name and Credentials]
- Physician's NPI Number: [Your NPI Number]

Clinical Information:

[Provide a brief summary of the patient's medical history, diagnosis, and any previous treatments that have been tried. Include the rationale for prescribing Xtandi and any relevant laboratory or imaging results.]

Proposed Treatment:

Xtandi (enalutamide) is indicated for [indicate the relevant indication]. Given the patient's condition and previous treatment failures, I believe that initiating treatment with Xtandi is medically necessary to improve their health outcomes.

Attached Documents:

- Prescription for Xtandi
- Patient medical history
- Relevant lab results and imaging studies
- Previous treatment records

I kindly request that you approve this prior authorization request to ensure that [Patient's Name] can begin treatment without delay. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature] (if sending a hard copy)
[Your Printed Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Your Practice Address]
[City, State, Zip Code]