

# Medication Pricing Review Request

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

[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a review of the pricing for [Medication Name], which I believe may warrant reevaluation due to [reason for pricing review, e.g., market changes, patient affordability concerns].

Given the recent developments [provide any relevant data or examples], it is essential to ensure that pricing remains fair and accessible for all patients requiring this medication.

I would appreciate the opportunity to discuss this matter further and explore potential adjustments that could benefit patients and your organization alike.

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

Sincerely,

[Your Name]