

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Recipient Institution/Company]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Justification for Vyvanse Dosage Adjustment

I am writing to provide a justification for the prescribed dosage of Vyvanse for my patient, [Patient's Name], who has been diagnosed with [Specific Diagnosis, e.g. ADHD]. After careful assessment and consideration of [Patient's Name]'s medical history and current condition, I believe that the dosage of [current dosage] mg is necessary for the following reasons:

1. **Clinical Necessity**: [Explain the specific symptoms and challenges that the patient faces which necessitate this dosage.]
2. **Previous Response to Medication**: [Detail any previous medication attempts, their dosages, and the patient's response.]
3. **Target Symptoms**: [List the symptoms that are being targeted with the Vyvanse prescription and how they impact the patient's daily life.]
4. **Monitoring and Adjustments**: [Mention any monitoring plans and how you will address the effectiveness and side effects of the medication.]
5. **Compliance with Guidelines**: [Reference any clinical guidelines or studies that support the use of this dosage for the patient's condition.]

I trust that this information justifies the necessity of the prescribed Vyvanse dosage for [Patient's Name]. Please feel free to contact me at [your phone number] or [your email] for any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title]  
[Your Institution/Practice]