

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

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

Subject: Prior Authorization Request for Vyvanse

Dear [Insurance Company Representative/Department],

I am writing to request prior authorization for Vyvanse (lisdexamfetamine dimesylate) for my patient, [Patient's Name], who has been diagnosed with [specific diagnosis, e.g., ADHD].

[Patient's Name] has been experiencing [brief description of symptoms and how they impact daily life]. After careful assessment, we have determined that Vyvanse is the most beneficial medication for managing [his/her/their] condition.

[Include any relevant medical history, previous treatments tried, and their outcomes. Explain why Vyvanse is necessary and how it aligns with guidelines.]

Please find the attached supporting documentation, including [list any supporting documents such as clinical notes, previous medication trials, etc.].

I appreciate your prompt attention to this request. Should you need any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Practice/Clinic Name]
[Your Practice/Clinic Address]
[Your Practice/Clinic Phone Number]