

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

[Recipient Name]
[Recipient Title]
[Healthcare Provider/Institution Name]
[Address]
[City, State, Zip Code]

Subject: Necessity Statement for Vyvanse Medication

Dear [Recipient Name],

I am writing to formally express my need for Vyvanse (lisdexamfetamine) in the treatment of my diagnosed condition [specify condition, e.g., ADHD].

My healthcare provider, [Provider's Name], has evaluated my circumstances and determined that Vyvanse is the most appropriate medication to effectively manage my symptoms. [Include specific details about your condition and how it affects your daily life, treatment history, and why Vyvanse is crucial for your treatment.]

I understand the importance of adhering to prescribed treatment plans and the potential benefits Vyvanse can provide in improving my overall quality of life.

Thank you for considering my request. Should you require any further information or documentation, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]