

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

Subject: Request for Coverage of Vyvanse Treatment

Dear [Insurance Adjuster's Name or "Claims Reviewer"],

I am writing to formally request coverage for the medication Vyvanse (lisdexamfetamine) for my [self/child], [Patient's Name], who has been diagnosed with [Specific Diagnosis, e.g., Attention Deficit Hyperactivity Disorder (ADHD)].

After thorough evaluation and consideration, my healthcare provider, [Provider's Name], has recommended Vyvanse as the most appropriate treatment option. This decision is based on [briefly explain reasons for prescribing Vyvanse, such as previous treatments tried, side effects experienced, or effectiveness].

Attached to this letter are the following documents to support this request:

1. A copy of the prescription for Vyvanse.
2. A letter from [Provider's Name] detailing the medical necessity of Vyvanse for [Patient's Name].
3. [Any additional supporting documentation, e.g., medical history, previous treatment records, etc.].

Given the circumstances, I respectfully request that you review this case and consider approving the coverage for Vyvanse. I look forward to your prompt response, as timely treatment is crucial for [Patient's Name]'s health and well-being.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to Patient (if applicable)]