

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

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

Subject: Request for Vyvanse Coverage

Dear [Insurance Company or Claims Department],

I am writing to formally request coverage for Vyvanse (lisdexamfetamine dimesylate) as prescribed by my physician, [Doctor's Name], for the treatment of [specific medical condition].

I have been prescribed Vyvanse after experiencing [brief explanation of symptoms or condition], and I believe it is crucial for my treatment plan. [Include any previous medications tried and their outcomes, if applicable.]

Enclosed are copies of my prescription, medical records, and any supporting documentation from my healthcare provider that outline the necessity of this medication.

I appreciate your attention to this matter and kindly request that you reconsider the coverage decision. Please feel free to contact me at [your phone number] or [your email address] if further information is required. Thank you for your prompt attention to this request.

Sincerely,

[Your Name]  
[Insurance Policy Number]