

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Title/Position]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Approval of Vyvanse Medication

I hope this letter finds you well. I am writing to formally request the approval of Vyvanse (lisdexamfetamine) for [Patient's Name], [Patient's Date of Birth], a patient under my care. After conducting a comprehensive assessment and considering alternative treatments, I believe Vyvanse is the most suitable option for addressing [specific condition, e.g., ADHD] for the following reasons:

1. ****Medical Necessity****: [Briefly explain the patient's diagnosis and symptoms].
2. ****Previous Interventions****: [Mention previous medications or therapies tried and their outcomes].
3. ****Expected Benefits****: [Explain how Vyvanse is expected to improve the patient's condition].

In accordance with [policy name or specifics about the insurance plan], I respectfully request that you approve the use of Vyvanse for [Patient's Name]. Attached to this letter are [list any supporting documents such as medical records, previous treatment history, and notes].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Institution Name]
[Your License Number if applicable]