

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

[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]

Subject: Appeal for Vyvanse Coverage Denial

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of coverage for Vyvanse (lisdexamfetamine), prescribed by my healthcare provider, Dr. [Doctor's Name]. The denial letter dated [Date of Denial Letter] stated that the request was denied due to [reason for denial].

I would like to provide additional information that supports the medical necessity of Vyvanse for my treatment. [Briefly explain your medical condition, previous treatments, and why Vyvanse is necessary.]

Enclosed are the following documents to support my appeal:

1. A letter from Dr. [Doctor's Name] detailing the reasoning behind the prescription.
2. My medical history relevant to this treatment.
3. Any additional supporting documents (lab tests, previous medications, etc.)

I kindly request a re-evaluation of my claim based on this information.

Vyvanse is essential for managing my condition, and I believe that my policy covers this medication. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]