

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

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

Subject: Appeal for Coverage of Vyvanse

Dear [Claims Department/Specific Adjuster's Name],

I am writing to formally appeal the denial of coverage for Vyvanse (lisdexamfetamine) for my [son/daughter/patient], [Patient's Name], with policy number [Policy Number]. The denial was communicated to us on [Date of Denial].

[Begin with a brief introduction of the patient, including age, diagnosis, and any relevant medical history.]

[Explain the necessity of Vyvanse, citing specific medical reasons and how it has been prescribed by [Doctor's Name, Title, and Credentials].]

[Discuss previous medications tried, their results, and why Vyvanse is deemed the most appropriate treatment option.]

Enclosed are copies of [relevant medical records, prescription details, and any letters from the prescribing physician]. I believe these documents support the medical necessity of Vyvanse for my [son/daughter/patient].

I kindly request that you review this appeal and reconsider the decision regarding coverage for Vyvanse. Thank you for your attention to this matter and your commitment to providing necessary care.

Sincerely,

[Your Name]

[Your Relationship to Patient]

[Enclosures: Medical Records, Prescriptions, Letters]