

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

Subject: Medical Necessity Letter for Vyvanse

Dear [Insurance Provider's Name/Claims Department],

I am writing to request a prior authorization for Vyvanse (lisdexamfetamine dimesylate) for my patient, [Patient's Name], who has been diagnosed with [specific diagnosis, e.g., Attention-Deficit/Hyperactivity Disorder (ADHD)].

[Patient's Name] has been under my care since [date] and has demonstrated significant challenges related to their condition, including [specific symptoms and their impact on daily life]. After careful evaluation and consideration of treatment options, I believe that Vyvanse is the most appropriate medication for managing [Patient's Name]'s symptoms.

The following details outline the medical necessity for this treatment:

1. ****Diagnosis****: [Provide a brief overview of the patient's diagnosis and relevant history]
2. ****Previous Treatments****: [List prior treatments attempted, medication names, dosages, duration, and outcomes]
3. ****Rationale for Vyvanse****: [Explain why Vyvanse is the most suitable option for this patient, citing benefits and any specific patient needs]
4. ****Expected Outcomes****: [Discuss the anticipated benefits of using Vyvanse for this patient and how it may improve their overall function and quality of life]

I have attached the relevant medical records and documentation to support this request. I respectfully ask that you consider this information and approve the request for Vyvanse as a necessary treatment for [Patient's Name].

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or clarification.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Medical Practice/Institution]