

[Your Name]  
[Your Title/Position]  
[Your Medical Practice/Organization]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Re: Prior Authorization Request for Vyvanse

Patient: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance ID: [Patient's Insurance ID]

Dear [Insurance Company Representative's Name or "To Whom It May Concern"],

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

The patient has a history of [briefly describe relevant medical history, previous treatments, and why Vyvanse is being recommended]. After careful consideration, I believe that Vyvanse is the most appropriate medication for [Patient's Name] due to its [mention benefits specific to the patient's condition, such as efficacy, tolerability, or any previous unsuccessful treatments].

Please find attached [list any supporting documents such as previous medical records, treatment history, and assessments].

I kindly request that you approve this prior authorization promptly, as starting this medication is crucial for [Patient's Name]'s treatment plan and overall well-being.

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

Sincerely,

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