

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Insurance Company/Pharmacy/Doctor]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Re: Vyvanse Application for [Patient's Name], [Patient's Date of Birth]

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

[Patient's Name] has been experiencing [briefly describe symptoms and impact on daily functioning]. After a comprehensive evaluation and considering previous treatment attempts, I believe that Vyvanse is the most appropriate medication for [Patient's Name].

[Include any relevant treatment history, including previous medications tried, dosages, duration, and responses. Mention any side effects or issues encountered with those treatments.]

Based on my assessment, [Patient's Name] would benefit significantly from Vyvanse due to [provide reasons, such as its efficacy profile, duration of action, and its unique formulation that suits the patient's needs].

I have attached [any relevant documents, such as assessment results, treatment plans, or records of previous medications] to support this request.

Please feel free to contact me at [your phone number] or [your email address] if you require any additional information.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Position/Title]  
[Your License Number (if applicable)]