

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

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

Subject: Request for Vyvanse Approval

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

I am writing to formally request prior authorization for Vyvanse (lisdexamfetamine dimesylate) for my [or my child's] treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Patient Name: [Patient's Name]

Date of Birth: [Patient's Date of Birth]

Policy Number: [Patient's Policy Number]

After extensive consultation and evaluation, my [doctor/psychiatrist], [Doctor's Name], has determined that Vyvanse is the most appropriate treatment option given [specific reasons for choosing Vyvanse, e.g., past medication history, effectiveness, etc.]. Attached are the supporting documents, including the diagnosis, treatment history, and my doctor's detailed recommendation.

Please consider this request, as Vyvanse is essential for [mention how vyvanse will help, e.g., improving focus, managing symptoms, enhancing quality of life, etc.].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Patient, if applicable]

Attachments: [List of any attached documents]