

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request an exception for the prescription of Vyvanse for my treatment of [specific condition, e.g., ADHD]. After careful consideration and consultations with my healthcare provider, it has become clear that Vyvanse is the most suitable option for my needs due to [specific reasons, e.g., effectiveness, previous medication failures, side effects, etc.].

Despite exploring alternative medications, I have found that they [describe issues with alternatives, e.g., did not provide the desired results, caused unwanted side effects]. Vyvanse has been prescribed to me by [Doctor's Name], who has a comprehensive understanding of my medical history and current situation.

I appreciate your attention to this matter and thank you for considering my request.

Sincerely,

[Your Name]

[Your Medical Provider's Name, if applicable]

[Your Medical Provider's Contact Information, if applicable]