

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

[Recipient's Name]
[Recipient's Title]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Justification for Vyvanse Prescription

I am writing to formally request prior authorization for my prescribed medication, Vyvanse (lisdexamfetamine), as part of my treatment plan for [specific condition, e.g., ADHD]. My physician, [Doctor's Name], has recommended this medication based on my medical history and treatment needs.

I have been experiencing [describe symptoms and challenges] which have significantly impacted my daily functioning. After trying alternative medications, including [list previous medications tried], I found that those did not provide the desired results and/or resulted in unacceptable side effects.

Vyvanse has been shown to be effective in managing my symptoms because [describe specific reasons or benefits]. My doctor and I believe that Vyvanse is the appropriate choice for my treatment moving forward.

I understand that [Insurance Company Name] may have its own protocols for medication approval, and I am willing to provide any additional information required to facilitate this process. Attached to this letter are copies of my medical records and the prescription from my physician for your review.

Thank you for considering my request. I look forward to your prompt response so that I can continue my treatment without interruption.

Sincerely,

[Your Name]
[Your Insurance Policy Number]