

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

Subject: Appeal for Coverage of Vyvanse Medication

Dear [Claims Manager's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of coverage for my Vyvanse prescription (Prescription Number: [insert prescription number]), which is essential for the management of my [specify condition, e.g., ADHD]. I received a letter dated [insert date of denial letter], stating that my request was denied due to [briefly state reason for denial].

Vyvanse has been prescribed by my healthcare provider, [Doctor's Name], who specializes in [Doctor's specialty, e.g., psychiatry], and has determined that it is the most appropriate medication for my condition after considering various other treatment options. [You may include specific details about how long you have been on Vyvanse, its effects, or any side effects you may have experienced with other medications.] The denial of coverage for this medication places a significant burden on my health and well-being. [You may include any relevant personal anecdotes, the impact of the condition on your daily life, or the benefits you have experienced from the medication.]

I kindly request that you review my case and reconsider the decision based on the following points:

1. [Point 1: e.g., medical necessity and effectiveness of Vyvanse for my condition.]
2. [Point 2: e.g., previous unsuccessful treatments and their side effects.]
3. [Point 3: e.g., potential consequences of not receiving this medication.]

Enclosed with this letter are supporting documents, including my medical records, a letter from my healthcare provider, and any relevant treatment history. I believe these materials will provide further insight into the necessity of Vyvanse for my treatment.

Thank you for your attention to this matter. I look forward to your prompt reconsideration of my appeal. Please feel free to contact me at [your phone number] or [your email address] should you require any additional information.

Sincerely,

[Your Name]  
[Your Insurance Policy Number]  
[Your Member ID Number]