

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

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

Dear [Recipient's Name],

Subject: Justification for Vyvanse Treatment

I am writing to formally request the approval of Vyvanse (lisdexamfetamine) as a treatment option for [Patient's Name], who has been diagnosed with [specific diagnosis, e.g., Attention-Deficit/Hyperactivity Disorder (ADHD)].

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: [Patient's Diagnosis]
- Duration of Symptoms: [Duration]

Medical History:

[Provide a brief overview of the patient's medical history, previous treatments, and responses. Include any relevant tests or evaluations that support the need for Vyvanse.]

Rationale for Vyvanse Treatment:

Vyvanse has been shown to be effective in managing symptoms associated with [specific diagnosis]. The [specific features of Vyvanse, such as long-lasting effects, lower risk of abuse] make it a suitable option for [Patient's Name].

Additionally, studies indicate that Vyvanse can significantly improve focus, attention, and overall daily functioning in patients with [specific diagnosis]. Given [Patient's Name]'s challenges with [specific symptoms or aspects of daily life affected], I believe that starting Vyvanse would lead to a noticeable positive impact on [his/her/their] quality of life.

Previous Treatment Trials:

[List any previous medications or treatments, their outcomes, and reasons for discontinuation or lack of effectiveness.]

Conclusion:

For the reasons outlined above, I strongly urge the approval of Vyvanse for [Patient's Name]. It is my professional opinion that Vyvanse is the most appropriate treatment at this juncture. I am open to further discussions or providing additional information if needed.

Thank you for considering this request.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization]  
[Your License Number]  
[Your Contact Information]