

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Medical Necessity Letter for Vyvanse

To Whom It May Concern,

I am writing to formally request coverage for Vyvanse (lisdexamfetamine) for my patient, [Patient's Name], who has been under my care since [Start Date]. This letter outlines the medical necessity for this medication in the treatment of [Diagnosis, e.g., Attention-Deficit/Hyperactivity Disorder (ADHD)].

[Patient's Name] has demonstrated [provide a brief history of the patient's condition, symptoms, and previous treatments]. Despite attempts with other medications, including [list any previous medications tried], the patient continues to experience significant challenges that impact their daily functioning and quality of life.

After thorough evaluation and consideration of [Patient's Name]'s medical history, I believe that Vyvanse is the most appropriate medication for managing their symptoms. [Include specific reasons why Vyvanse is recommended over other treatments, citing clinical guidelines or relevant studies if applicable.]

I kindly request that you approve the necessary coverage for Vyvanse as it is essential for [Patient's Name]'s treatment plan. If you require any additional information or have questions regarding this request, please feel free to contact my office at [Your Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Medical Practice Name]
[Your NPI Number]