

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

[Insurance Company Name]  
[Claims Department/Appeals Department]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Appeal for Vyvanse Medication Coverage

Dear [Recipient's Name or "Claims Manager"],

I am writing to formally appeal the denial of coverage for Vyvanse (lisdexamfetamine) for my [specific diagnosis or condition], as referenced in your letter dated [date of denial letter]. My insurance policy number is [policy number], and my claim reference number is [claim number].

Vyvanse has been prescribed to me by [Doctor's Name] for [specific reason or diagnosis] after exhaustively trying alternative treatments that did not provide the necessary relief or improvement in my symptoms. [Briefly explain your medical history, other treatments tried, and why Vyvanse is the appropriate choice.]

The denial letter stated that [quote or summarize the reasons for denial]. However, I believe that this decision does not fully consider the medical necessity of Vyvanse for my treatment. [Provide additional information, medical records, or documentation that supports your need for Vyvanse, including any side effects experienced from other medications or treatment failures.]

I kindly request that you reconsider your decision and approve coverage for Vyvanse. I have attached supporting documents, including [list any documents such as letters from healthcare providers, records of previous medications, etc.] for your review.

Thank you for your attention to this matter. I look forward to your prompt response regarding this appeal.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Attachments: [List of documents included with the appeal]