

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Insurance Company/Healthcare Provider Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request coverage for Vyvanse (lisdexamfetamine) for [Patient's Full Name], [Patient's Date of Birth], who has been diagnosed with [specific diagnosis, e.g., Attention Deficit Hyperactivity Disorder (ADHD)].

[Patient's Name] has been under my care since [date] and has tried several alternative treatments including [list previous medications/therapies]. Unfortunately, these options have not effectively managed [his/her/their] symptoms.

Vyvanse has been clinically shown to be effective in treating [specific symptoms] and has been recommended as part of [Patient's Name]'s treatment plan. I believe it is critical for [Patient's Name] to have access to this medication because [explain reasons: improved focus, productivity, quality of life, etc.].

Enclosed are [mention any attached documents: patient's medical records, treatment history, etc.] that support this request.

Thank you for considering this request. I am hopeful for a prompt response so that we can proceed with the appropriate care for [Patient's Name].

Sincerely,

[Your Name]
[Your Title/Position]
[Your License/Certification Number]
[Your Institution/Practice Name]