

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]
Subject: Prior Authorization Request for Vyvanse
Dear [Insurance Company Representative's Name],
I am writing to request a prior authorization for Vyvanse
(lisdexamfetamine) for my patient, [Patient's Name], DOB: [Patient's Date
of Birth], policy number: [Insurance Policy Number].
Diagnosis:
[Insert diagnosis related to the use of Vyvanse, e.g., Attention Deficit
Hyperactivity Disorder (ADHD)]
Medical Necessity:
[Provide details on the patient's medical history, relevant symptoms, and
why Vyvanse is medically necessary. Include previous treatments tried and
their outcomes.]
Proposed Treatment Plan:
[Outline the treatment plan including dosages, frequency, and duration of
the Vyvanse prescription.]
Supporting Documentation:
[Include any lab results, psychological evaluations, or other
documentation that supports the request.]
I appreciate your attention to this matter and look forward to your
prompt approval of this prior authorization request. Please do not
hesitate to contact me at [Your Phone Number] or [Your Email Address] if
you require any further information.
Thank you for your consideration.
Sincerely,
[Your Name]
[Your Title/Position]
[Your Medical Practice/Organization Name]
[Medical License Number]