

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

Re: Letter of Medical Necessity for Vyvanse Reimbursement

Dear [Insurance Company's Contact Name or "Claims Department"],
I am writing to request reimbursement for Vyvanse (lisdexamfetamine), as it has been prescribed by my healthcare provider, [Provider's Name], for the treatment of [specific diagnosis, e.g., Attention-Deficit/Hyperactivity Disorder (ADHD)].

The following points outline the medical necessity of this treatment:

1. ****Diagnosis****: I have been diagnosed with [specific diagnosis] as per [provider's name] on [date].
2. ****Treatment History****: Prior to being prescribed Vyvanse, I attempted other treatments including [list other medications/therapies], but they were ineffective/inadequate due to [brief explanation of why they didn't work].
3. ****Benefits of Vyvanse****: Vyvanse has been shown to provide significant benefits, including [list specific benefits experienced, e.g., improved concentration, reduced impulsivity].
4. ****Provider's Recommendation****: My healthcare provider has recommended Vyvanse as the most appropriate course of treatment for my condition considering [provider's rationale].

Please find attached documentation supporting this request:

- A copy of my prescription for Vyvanse.
- Clinical notes from my provider.
- Any other relevant medical records.

I appreciate your prompt attention to this matter and look forward to your approval for reimbursement. Should you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Policy Number]