

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

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

Subject: Appeal for Vyvanse Reimbursement - [Your Policy/Claim Number]

Dear [Insurance Adjuster's Name or "Claims Department"],
I am writing to formally appeal the denial of coverage for my Vyvanse prescription, as referenced in your denial letter dated [Date of Denial Letter]. My [policy number] and claim number is [Claim Number].

I believe the denial was made in error, as Vyvanse is a medically necessary treatment for my [specific condition]. I have been prescribed this medication by my healthcare provider, Dr. [Provider's Name], who determined that it is the most effective treatment for managing my symptoms.

Enclosed, please find:

1. A copy of the prescription for Vyvanse.
2. Medical records that support the necessity of this medication.
3. A letter from Dr. [Provider's Name] outlining the reasons for prescribing Vyvanse.
4. Copies of previous treatments attempted, which illustrate a lack of efficacy.

I appreciate your prompt attention to this matter and look forward to resolving it swiftly. Please reconsider my request for reimbursement for Vyvanse. Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]