

[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 Coverage of Vyvanse

Dear [Insurance Company's Name or Claims Reviewer's Name],
I hope this letter finds you well. I am writing to formally appeal the denial of coverage for Vyvanse (lisdexamfetamine) for my [son/daughter/self], [Patient's Name], [Patient's Date of Birth], whose policy number is [Policy Number].

On [Date of Denial Notification], I received a letter stating that the request for Vyvanse was denied due to [specific reasons mentioned in the denial letter]. I respectfully disagree with this decision and would like to provide additional information that supports the necessity of this medication for [Patient's Name].

[Include relevant medical history, diagnosis, and previous treatments that have been attempted. Mention any supporting documents attached, such as a prescription from the physician, medical records, or letters from specialists.]

In summary, Vyvanse has been recommended by [Doctor's Name] because [explain why Vyvanse is necessary, including benefits observed if the patient was previously on this medication, or the necessity of trying it after failed attempts with other medications].

I kindly request that you reconsider my appeal and approve coverage for Vyvanse so that [Patient's Name] can receive the appropriate care needed for [his/her/their] condition. Please find attached all pertinent medical documents for your review.

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

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Attachments: List any attached documents]