

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

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

Subject: Request for Coverage of Vyvanse Therapy

Dear [Insurance Adjuster's Name],

I am writing to formally request coverage for Vyvanse (lisdexamfetamine dimesylate) for my treatment of [specific condition, e.g., Attention Deficit Hyperactivity Disorder (ADHD)]. My physician, [Doctor's Name], has prescribed this medication due to [brief explanation of your diagnosis and symptoms].

Despite trying [list any alternative treatments or medications], I have not achieved sufficient symptom management. [Provide a brief summary of your medical history related to the condition].

Vyvanse has been shown to effectively address my symptoms, including [list relevant symptoms], according to my healthcare provider. The prescription was provided following careful consideration of my treatment options and after ensuring that other interventions were either ineffective or not suitable.

Enclosed are the following documents for your review:

1. Documentation of my diagnosis
2. Prescription for Vyvanse from my physician
3. A summary of my treatment history
4. Any additional supporting documents (e.g., lab results, progress notes)

I believe that the use of Vyvanse is medically necessary for my condition, and I respectfully request that my insurance covers this medication. Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Policy Number]
[Group Number]