

[Your Name]  
[Your Title/Position]  
[Your Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

Subject: Request for Authorization for Vyvanse Treatment

Dear [Insurance Company Representative/Specific Name if known],  
I am writing to request prior authorization for the medication Vyvanse (Lisdexamfetamine) for my patient, [Patient's Full Name], who has been diagnosed with [specific condition, e.g., Attention-Deficit/Hyperactivity Disorder (ADHD)].

Patient Details:

- Patient Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance Policy Number: [Patient's Insurance Policy Number]

Clinical Background:

[Provide a brief overview of the patient's medical history, current symptoms, previous treatments, and rationale for prescribing Vyvanse.]

Proposed Treatment:

Vyvanse is clinically indicated for the treatment of [specific condition] and has been shown to be effective in managing symptoms consistent with the patient's diagnosis. [Include any relevant supporting documentation, such as test results, previous medication history, and why Vyvanse is the appropriate choice.]

I kindly ask for your prompt attention to this request and look forward to your approval. Please feel free to contact me if you require any additional information or documentation.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Medical License Number]  
[Your Specialty]