

<<CLIENT_LOGO>>

{{Date}}

{{TOFIRST}} {{TOLAST}}
{{TOADDRESS1}} <<TOADDRESS2>>
{{TOCITY}}, {{TOSTATE}} {{TOZIP}}

Dear {{MEMFIRST}} {{MEMLAST}}:

Thank you for taking the initial enrollment steps for the **CVS Weight Management™ program**. Unfortunately, you do not meet the program eligibility requirements at this time. This will not impact your ability to get your {{APPROVED DRUG}} medication, according to your plan.

If you have any questions, please do not hesitate to call Customer Care at the number on your member ID card.