2023/08/03 15:35:47 1 /

Wedgheens

Prior Authorization Needed

111 N BOWMAN RD LITTLE ROCK, AR 722112783

Tel: 501-225-0703 Fax: 501-217-4074

Date: 08/03/2023 Time: 3:36 PM

Prescriber Information:

Physician: SIKANDAR MURAD Phone: 501-291-2322
Address: 802 N UNIVERSITY AVE Fax: 888-388-5166

LITTLE ROCK, AR 722052920 DEA #: BM9292993

Patient Information:

Patient: MUHAMMAD HABIB Birth Date: 09/14/1984

Address: 13500 CHENAL PKWY APT 2207 Med Record #:

LITTLE ROCK, AR 722115308 Phone: 773-829-7070

Prescription Information:

Rx Number: 4018502-05993 Requested P/U Time: 08/03/2023 03:56PM

Drug: MOUNJARO 2.5MG/0.5ML PF PEN INJ Qty: 4

Generic For: Last Refill: 08/03/2023

Sig: INJECT 2.5 MG UNDER THE SKIN ONE DAY

A WEEK.

Message:

Plan does not cover this medication. Please call plan at (800) 3646331 to initiate prior authorization or call/fax pharmacy to change medication. Patient ID # is U9745404801.

In accordance with state regulations, a generic will be substituted unless otherwise indicated.

☐ Dispense as Written/Brand Medically Necessary

Please fax back to Walgreens at: 501-217-4074

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