



## Fax Transmittal

**From: CVS Caremark® Prior Authorization**

You are receiving this fax because you or a member of your practice's staff recently contacted CVS Caremark to request a Prior Authorization related to a CVS Caremark plan member.

**You should know, members are filling prescriptions up to 2 days faster when their prescribers consistently use electronic Prior Authorization (ePA). To get started or to learn more about how you can expedite the Prior Authorization process and receive near real-time decisions\* by using ePA, visit [Caremark.com/epa](https://www.caremark.com/epa).**

Method of submission	Median turnaround time
ePA	< 1 hour
Fax	12 hours

\*May not result in near real-time decisions for all prior authorization types and reasons.

If this fax is in response to an inquiry about clinical coverage of a prescription drug for your patient the criteria for the specific drug is attached.

Please note that your inquiry does not constitute a request for coverage. CVS Caremark cannot process a request for coverage until we receive a completed criteria form or appropriate clinical information.

Utilization management decision making is based only on appropriateness of care and service and existence of coverage. CVS Caremark does not reward practitioners or other individuals conducting utilization management for issuing denials of coverage. Financial incentives for utilization management decision makers are not designed to encourage decisions that result in underutilization.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call 1-877-265-2711 at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within 30 days of receipt. The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer. Thank you, CVS Caremark.

91-41319A 101320

**NOTICE OF ACTION****CVS/caremark™**  
**Request for Prescription Drug Prior Authorization**

Sikandar Murad  
802 N UNIVERSITY AVE  
LITTLE ROCK, AR 72205

Date: 08/18/2023  
Plan Member Name: AMY DOUGLAS  
Plan Member ID: \*\*\*\*\*9200

Prescribing Physician: Sikandar Murad  
Physician Phone: 5012913022  
Physician Fax: 8883885166

Dear AMY DOUGLAS:

CVS/caremark recently received a prior authorization request from your doctor for coverage of Mounjaro 15mg Pen for you.

After reviewing your prescription benefit plan's established and approved criteria for this drug with your doctor, the request was approved for the following time period:

08/18/2023 - 08/18/2024

If you have not already done so, you may ask your pharmacist to fill the prescription.

Sincerely,  
CVS/caremark

PA# Carefirst - VA Exchange 5T 23-074584180 AK

**Spanish:**

Si usted necesita asistencia o necesita hablar con alguien en Español, por favor llame al número gratuito de Servicio al Cliente ubicado en su tarjeta de identificación de beneficios.

**Chinese (simplified):**

如果您需要帮助，或需要同中国人讲话，请拨打您的福利卡上面的客户服务免费电话号码。

**Tagalog:**

Kung kailangan ninyo ng tulong o kailangan ninyong makipag-usap sa isang tao sa Tagalog, mangyari lamang na tumawag nang walang-bayad sa Serbisyo sa Kostumer sa numero na nakasulat sa inyong ID kard ng benepisyo.

**Navajo:**

Shíka at'ohwol ei doodaii' dinék'ehgo lą bi'chį haadeedziih nínizinígo, t'áá shqódí, t'áá jíik'e yandaalnishí, ni naaltsoos bikáa'gi bi'chį hodiilniih.

cc: Dr. Sikandar Murad

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.  
91-32299e 101414 TDD: 1-800-863-5488