

Pharmacy claim for **Zepbound 2.5MG/0.5ML Auto-injectors** has been rejected and requires prior authorization.

Pharmacy Address:

1903 COBBS FORD RD
PRATTVILLE AL 36066

tel (334) 365-7774

fax (334) 365-7576

email

An alternative may be available. If clinically appropriate, you may change the prescription.

The following alternatives have been identified by CoverMyMeds. The prior authorization information is provided by CoverMyMeds based on its analysis of third-party formulary data:

Prescriber:

Breena Till CRNP

Possible Alternative	Prior Auth Requirement
Benzphetamine HCl	Likely Required
Contrave	Likely Required
Diethylpropion HCl ER	Likely Required
Liraglutide -Weight Management	Likely Required
Phentermine HCl	Likely Required
Qsymia	Likely Required
Wegovy	Likely Required

Please note: this information is not based on a real-time benefits determination for your patient and may not reflect your patient's specific plan. CoverMyMeds encourages you to verify your patient's benefits, including your patient's prior authorization requirements.

Questions about this fax? Please call CoverMyMeds at 866-452-5017.

If you would like to complete the Prior Authorization, please visit go.covermymeds.com/login:

Key: BXNNHP2T

Patient Last Name: Puryear

DOB: 09/13/1974



This information is intended solely for the addressee. If you have received this in error, please contact 0483 WAL-MART at 3343657774 and dispose of this information. CoverMyMeds has established a business relationship with the pharmaceutical manufacturer that results in a differentiated user experience on CoverMyMeds for the PA process, and may include patient support services. There may be lower cost medications available or preferred on your patient's plan.