



FAX

February 21, 2026

Breena Till
7461 EAST DRIVE
SUITE 102
N/A
MONTGOMERY, AL 36117

ONLINE PRIOR AUTHORIZATIONS NOW AVAILABLE
For your convenience the PA submission process has been improved.
Please visit <https://paforms.com/alabama> for online criteria specific and general PA
submissions.

Date: February 21, 2026

SENT TO:

Name: Dr. Breena Till

Phone Number: 3342443281

Fax Number: 3342443396

SENT BY:

Name: Blue Cross and Blue Shield of Alabama

Phone Number: 866-205-5107

Fax Number: 866-606-6021

CONFIDENTIALITY NOTICE:

The information contained in this facsimile message is privileged and confidential information intended for the use of the address listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this fax copy in error, please notify us immediately by telephone to arrange for the return of the original documents to us.



BlueCross BlueShield
of Alabama

February 21, 2026

Jennifer C Puryear
1238 MCCLAIN DR
PRATTVILLE, AL 36066

Patient Name: Jennifer C Puryear
Member Date of Birth: September 13, 1974
Member ID Number: 80906791401
PA Number: 102654457
Requested Medication: Zepbound 2.5 mg/0.5 mL subcutaneous pen injector
Provider Name: Dr. Breena Till

Dear Jennifer C Puryear:

Notice of Non-Coverage of Prescription Drugs

Thank you for being a valued Blue Cross and Blue Shield of Alabama customer. The request submitted by you or your physician on February 20, 2026 for coverage of Zepbound 2.5 mg/0.5 mL subcutaneous pen injector has not been approved. This letter serves as a notice of an adverse benefit determination.

Explanation of Basis for Determination: No action was taken at this time because:

The requested medication is not covered by Blue Cross and Blue Shield of Alabama for the member based on current plan benefits.

See the following pages for additional information. Thank you again for being a valued Blue Cross and Blue Shield of Alabama customer.

Sincerely,
Pharmacy Review

CC: Dr. Breena Till

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by fax (1-866-606-6021) and destroy all copies of the original message.

Additional Information

The purpose of Blue Cross and Blue Shield of Alabama's pharmacy policy is to provide a guide to coverage. Pharmacy policy is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients. If you have questions regarding your appeal rights, please review the Member Rights attachment to this letter or call the Customer Service Department as indicated on the back of your Blue Cross member identification card.

If you would prefer to request a formal appeal of this case, please complete the following information, and return it via fax to 866-606-6021. For convenience, you may visit bcbs.paforms.com to submit electronically.

Provider Appeal Request Form

_____ **Standard**

_____ ***Urgent Note: The prescriber attests that applying the standard turnaround time could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, or in the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.***

Patient: Jennifer C Puryear

Member Date of Birth: September 13, 1974

Member ID Number: 80906791401

PA Number: 102654457

Requested Medication: Zepbound 2.5 mg/0.5 mL subcutaneous pen injector

Provider Name: Dr. Breena Till

Please include any additional supporting information with your reconsideration request, such as chart notes, lab results, medical rationale/letter of medical necessity, peer-reviewed medical literature.

Member Rights

You may file an appeal with Blue Cross and Blue Shield of Alabama regarding the decision of your precertification request(s). You have 180 days to file your appeal by telephone or in writing. The information below gives you the phone number and address to use.

If your need for care is urgent, we will respond as soon as possible, but no later than 72 hours after you file your appeal. This is an expedited appeal. If an external appeal option is available on your contract, you may request an expedited external appeal at the same time as an expedited internal appeal at no cost. In all other cases, we will give you our response no later than 30 days after you file your appeal. This is a standard appeal.

The following information should be included in the appeal request:

- Patient's name.
- Members' contract number.
- Information to identify the claim(s) you are appealing.
- A statement explaining that you are filing an appeal and a written explanation of why you believe this case should be certified. Please submit all medical records, peer review articles and comments for consideration that may support your appeal.

You may designate an authorized representative to file and handle your appeal. Any such designation must be submitted in writing. Call Customer Service at the number on the back of your Blue Cross and Blue Shield of Alabama identification card to request a copy of the Authorized Representative Form, or you may visit AlabamaBlue.com to download a copy of the form. For urgent pre-service appeals, we will assume that your attending physician is your authorized representative unless you inform us otherwise.

You may request copies of information relevant to your claim free of charge. This request for information must be made in writing.

Your appeal rights are explained in detail in your benefit booklet. We encourage you to consult your benefit booklet for additional information.

For questions about your rights, this notice, or for assistance, please contact our Customer Service Department at the number on the back of your Blue Cross and Blue Shield of Alabama identification card (ID card).

Other Resources to Help You:

You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Blue Cross and Blue Shield of Alabama
Attention: Pharmacy Review
1510 Pumphrey Avenue
Auburn, AL 36832
Fax: 1-866-606-6021

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Service, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.