



## Appeal Process

If you would like to appeal a decision, your prescriber will need to provide a letter of medical necessity (LOMN) to CVS Caremark by sending to the fax or mailing address listed below.

The first appeal must be submitted within 180 days after receiving initial denial, and a second appeal must be submitted within 180 days after receiving first appeal denial.

A LOMN is a letter written by your doctor stating why the medication should be considered for coverage or additional coverage. The LOMN should include:

- Your name, Date of Birth and employee ID number or Caremark ID
- Name of requested drug.
- Statement of why the appeal should be approved or the physician's disagreement with the denial reason.
- Reason why medication is medically necessary.
- Include any office chart, labs, or other clinical notes.
- Additional information to support the appeal.

Your provider can submit this information to CVS Caremark by faxing it to 1-866-443-1172, or mailing it to:

CVS/Caremark Appeals Department MC109  
P.O. Box 52084  
Phoenix, AZ 85072-2084

For additional assistance you can contact the CVS Customer Care team 24/7 at 1-844-758-0767.