

# bound What to do if you lose coverage for Zepbound

# If you have lost CVS Caremark® coverage for your Zepbound medicine, talk with your doctor about your options.

#### You may be able to keep using Zepbound if:

Wegovy® did not work for you or caused side effects.

#### Talk to your doctor about all your medical conditions to understand your options.

You and your doctor might want to discuss getting a prior authorization for a Zepbound prescription.

This means getting approval from your health insurance. The steps for prior authorization are listed below.

Please see indications and Safety Summary with warnings at Zepbound.com/risk



# **Prior Authorization (Pre-approval)**

During the prior authorization process, your insurance company looks at information from your doctor. This includes your medical history, the medicines you have taken before, and why you stopped them. With this information, your insurance company will decide whether to cover your Zepbound prescription.



# The appeals process

It is common for a prior authorization to be denied, even when your doctor recommends a particular treatment option. If that is the case, you and your doctor can appeal the denial. An appeal is a formal request to review and reconsider the decision with additional reasons why you need Zepbound. Your healthcare provider can help you with this process.



### **Letter of Medical Necessity**

A Letter of Medical Necessity (LMN) is an important document to send with the prior authorization and appeal. Only a qualified healthcare provider can create and submit an LMN. It explains why your healthcare provider chose a specific treatment for you. The letter should include your medical history, lifestyle modification attempts, and outcomes, and list your previous treatments, including the names of the medicines, how long you took them, how you responded to them, and why you stopped them.



You can find more resources to help with the prior authorization, appeals, and medical exception processes here.



