



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. 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 Adverse Coverage Determination

Date: 01/19/2024

Karen Herbst
6365 E TANQUE VERDE RD STE 200
TUCSON, AZ 85715

Plan Member Name: LANA ADAIR
Plan Member ID: *****9201
Plan Name: Advanced Control Formulary - Aetna - FI - California PPO

Prescriber Name: Karen Herbst
Prescriber Phone: 1-3108825454
Prescriber Fax: 1-3107475908

Dear LANA ADAIR:

CVS Caremark® received your recent request for coverage of FAMOTIDINE 20MG TAB. Your request for this benefit was denied because it does not meet the coverage terms of your prescription benefit plan. This is the first decision for this request. The reason for the denial was:

Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.

Additionally, all of the following conditions must be met to be approved for coverage based on continuity of care: the member has been on the medication within the last 120 days; the medication has been dispensed at a pharmacy and approved for coverage by the plan previously; and there is no change in dosage or quantity since the last claim at the pharmacy covered by the plan.

Given the information provided, you do not meet the requirement for coverage based on continuity of care.

This decision is based on what your prescription benefit plan covers. It does not involve a decision of medical judgment.

You can get a free copy of the standards we used to make our decision. You can get more information about our decision by calling Customer Care. Use the toll-free number on your member ID card.

You may also choose to pay for this medicine yourself. To learn more about what your prescription benefit plan covers, please see your plan documents.

If you don't agree with this decision, you can file an appeal. Please mail or fax your appeal to:

Aetna Customer Resolution Team
P.O. Box 14001
Lexington, KY 40512
Phone: **1-877-882-8531**
Fax: 1-859-425-3379
Urgent Fax (if applicable): 1-888-882-3862

If your situation is urgent, you can ask for an urgent appeal.

To learn about how to file an appeal, please see the enclosed directions.

If you belong to a group plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may also have the right to bring a civil action under ERISA Section 502(a). If your plan has informed us of its time limit for bringing a civil action under ERISA, the time limit is listed below. If nothing is listed, please see your health plan documents or contact your plan administrator. Your plan administrator can also give you information about any time limits to bring a civil action.

If you have questions, please call Customer Care. Use the toll-free number on your member ID card or in your plan documents.

If you have questions or concerns about this notice, you may also contact the California Department of Insurance at:

California Department of Insurance
Office of the Ombudsman
300 Capitol Mall, Suite 1600
Sacramento, CA 95814
Phone: **(916) 492-3545**
Consumer Hotline: **1-800-927-4357 (HELP)** or 1-800-482-4833 (TTY)
Email: **ombudsman@insurance.ca.gov**
Web: **<http://www.insurance.ca.gov/01-consumers/110-health/index.cfm>**

Sincerely,

Dipal Patel

CVS Caremark
Phone: **1-800-294-5979**

Enclosures

cc: Dr. Karen Herbst

PA # Advanced Control Formulary - Aetna - FI - California PPO 24-079444387 DP
Claim Amount (if known): 0.0
Service Date: 1/19/2024 11:55:06 AM

If your prescriber gave CVS Caremark diagnosis or treatment codes for FAMOTIDINE 20MG TAB, those codes are listed below:

ICD diagnosis code: D89.40

Related diagnosis: Mast cell activation, unspecified

CPT treatment code:

Related treatment:

To learn more about these codes, please contact your prescriber.

Questions? Do you need help in a different language or format? If you don't speak English or if you have special needs, call the number on your member ID card. We can provide an interpreter. We can also give you this notice in other formats.

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:

Shika at'ohwol ei doodaii' dinék'ehgo lą bi'chį haadeedziih nínizinígo, t'áá shqodí, t'áá jíik'e ya ndaalníshí, ni naaltsoos bikáa'gi bi'chį hodiilniih.

Important Information about Your Right to Appeal

What if I need help understanding this denial? If you need help understanding this notice or our decision, please call Customer Care. Use the toll-free the number on your member ID card or in your plan documents.

What if I don't agree with this decision? If you don't agree with our decision, you have the right to file an appeal. You may appeal any decision not to provide coverage or pay for an item or service in whole or in part.

How do I file an appeal? If you choose to file an appeal, you must do so within **180 days** after you get this letter. Send any documents that show why this drug should be covered under your health benefit plan. These may include:

- A letter from your prescriber stating why this medicine is necessary
- Your provider's notes on office visits
- Your test results
- Other supporting documents

Please mail or fax your appeal to:

Aetna Customer Resolution Team
P.O. Box 14001
Lexington, KY 40512
Phone: **1-877-882-8531**
Fax: 1-859-425-3379
Urgent Fax (if applicable): 1-888-882-3862

Who may file an appeal? You or your prescriber may file an appeal. You may also name someone else, such as a relative, friend, advocate or attorney to act on your behalf.

How long will it take to review my appeal? If your plan has two levels of appeal, we will make a decision within **15 days** after we get your appeal. If your plan has just one level of appeal, we will make a decision within **30 days**. This gives us time to work with your prescriber. You will receive a letter that responds to your appeal and explains our decision.

What if my situation is urgent? If waiting for a standard appeal would threaten your health or cause you pain that can't be adequately controlled while you wait, you or your prescriber can ask for an urgent appeal. Call Customer Care. Use the toll-free number on your member ID card. You can also fax your request to the appropriate fax number

listed above. In your request, be sure to label your claim "urgent." If we grant you an urgent appeal, we will make a decision within **72 hours**. You will receive a letter that responds to your appeal and explains our decision.

Please see your benefit materials or call Customer Care for help with the process. Use the toll-free number on your member ID card or in your plan documents.

If you have a terminal illness and your request is for a drug that is considered experimental, you can request to meet with us. At this conference you can review the information provided in this notice. Having a terminal illness means that you have a health problem that can't be cured and that you are likely to die from within 1 year. Be sure to tell us that you have a terminal illness and that you want to meet with us.

Can I provide additional information about my claim? Yes, you can give us additional information about your claim. Please send it with your appeal.

Can I ask for copies of information about my claim? Yes, you can get free copies of records that relate to your claim; just call Customer Care. Use the toll-free number on your member ID card.

What happens next? We will send you a letter that explains our decision. If we continue to deny the claim or you do not receive a timely decision, you can ask for an independent medical review (IMR). That is an outside review of decisions made by a health plan. You may also ask for a review of the decision by the California Department of Insurance (CDI). The form to request a review of our decision by the CDI is available online at: insurance.ca.gov/01-consumers/101-help/upload/RFAhealth_Jan2019-2.pdf.

If you belong to a group plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may also have the right to bring a civil action under ERISA Section 502(a). If your plan has informed us of its time limit for bringing a civil action under ERISA, the time limit is listed below. If nothing is listed, please see your health plan documents or contact your plan administrator. Your plan administrator can also give you information about any time limits to bring a civil action.

If you have an employer-sponsored health plan, you may contact the U.S. Department of Labor's Employee Benefits Security Administration at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)** for more help.

If you have any questions or concerns about this notice, you may also contact the California Department of Insurance at:

California Department of Insurance
Office of the Ombudsman
300 Capitol Mall, Suite 1600
Sacramento, CA 95814
Phone: **(916) 492-3545**
Consumer Hotline: **1-800-927-4357 (HELP)** or 1-800-482-4833 (TTY)
Email: **ombudsman@insurance.ca.gov**
Web: **<http://www.insurance.ca.gov/01-consumers/110-health/index.cfm>**

This letter talks about drugs that are made by other companies. We do not own the rights to these drugs.

By law, we must protect your private health records. We will use or share your health records only in ways that are allowed.

91-1101840H 030723

TDD/TTY: 1-800-863-5488