

CVS/caremark Denial of Prior Authorization Appeal Process

Appeals for denial of prior authorization for a prescription drug by CVS/caremark can be faxed to 1-888-836-0730 and should include:

- A clear statement that the communication is intended to appeal
- Full name of the person for whom the appeal is being filed
- CVS/caremark identification number
- DOB
- Drug name(s) being requested
- Comments, documents, records and relevant clinical information provided by the doctor