



**Instructions for completing and submitting  
Prior authorization/Medical Exception form**

- Form must be completed and submitted by physician or physician staff
- Please fill out all information including medication failure or contraindication and statement for an exception request.
- Fax completed form to 1-800-310-9071 or mail to:

**CarePlus Health Plans, Inc.  
Attention: Pharmacy Coverage Determinations  
11430 N.W. 20th Street, Suite 300  
Doral, FL 33172**

- For any questions, physician or physician's staff should call 1-866-315-7587.
- If request is denied, but the physician wants to submit additional information for a redetermination, they should add the information to the Medicare Part D Redetermination Request Form located under the link in the CarePlus website called "Forms" and send it to the Grievance and Appeals Department at:

**CarePlus Health Plans, Inc.  
Attention: Grievance and Appeals Department  
11430 N.W. 20th Street, Suite 300  
Doral, FL 33172**

You can also fax the form to: (305) 423-3369