



## **Prior Authorization (PA):**

### **What is Prior Authorization?**

Certain prescription drugs require prior authorization (PA) or a medical exception for coverage. If your drug requires this step, your doctor will need to request and receive approval from CarePlus Health Plans, Inc. (CPHP) before the drug may be covered under your insurance plan.

### **Why is Prior Authorization required?**

To promote the most appropriate drug utilization, selected high risk, or high cost medications require prior authorization by CPHP to be eligible for coverage. Prior Authorization criteria are established by the Pharmacy and Therapeutics Committees with input from providers, manufacturers, peer-reviewed literature, standard compendia, and other experts.

### **How to get Prior Authorization for your prescription?**

In order for you to receive coverage for a medication requiring prior authorization, follow these steps:

1. Please call the Pharmacy Department at 1-866-315-7587 between the hours of 8:00 am to 6:00 pm. EST; Monday through Friday.
2. If a PA is required, ask your doctor to submit the request to CPHP by fax (1-800-310-9071), or by phone (1-866-315-7587) by accessing our **Provider's Prior Authorization Form** that is located under the "Forms" link in our website.
3. You may also want to print the Provider's Prior Authorization Form and bring it with you to your next doctor's office.

Once your request has been processed, your doctor will be notified. If you are a Medicare member, you will also receive a determination letter in the mail.

## **Step Therapy (ST):**

### **What is Step Therapy?**

With step therapy drugs, CPHP requests that you try certain drugs to treat your medical condition before we cover another drug for that condition. If your drug has a step therapy requirement, your doctor will need to request and receive approval from CPHP before the drug may be covered under your insurance plan.

### **Why is Step Therapy required?**

Step Therapy promotes the safe and cost-effective use of medication. CPHP request that you try medications that are considered first-line medications before a medication that is considered a second-line medication is covered. First-line medications are widely recognized as safe and effective. Second-line medications are either preferred or non-preferred brand-name drugs and are potentially more costly.

### **What if your Drugs requires Step Therapy?**

In order for you to receive coverage for a medication that has a step therapy requirement, follow these steps:

1. Please call the Pharmacy Department at 1-866-315-7587 between the hours of 8:00 am to 6:00 pm. EST; Monday through Friday.
2. If a ST is required, ask your doctor to submit the request to CPHP by fax (1-800-310-9071), or by phone (1-866-315-7587) by accessing our **Provider's Prior Authorization Form** that is located under the "Forms" link in our website.
3. You may also want to print the Provider's Prior Authorization Form and bring it with you to your next doctor's office.

Once your request has been processed, your doctor will be notified. If you are a Medicare member, you will also receive a determination letter in the mail.

### **Quantity Level Limits (QL):**

#### **What is Quantity Level Limits?**

For certain drugs, we limit the amount of the drug that we will cover per prescription or for a defined period of time. If you require additional quantities over the limit, your doctor will need to request and receive approval from CPHP before the additional quantity may be covered under your insurance plan.

#### **Why is Quantity limits required?**

Quantity limits are based on manufacturer dosing guidelines and current medical recommendations. Quantity limits help avoid the potential misuse and abuse of medications.

Established quantity limits prescriptions written for quantities in excess of the established limits will require a Prior Authorization before the prescription can be filled.

### **What if your Drugs has a Quantity Level Limit?**

In order for you to receive coverage for medication over the quantity limit, follow these steps:

1. Please call the Pharmacy Department at 1-866-315-7587 between the hours of 8:00 a.m. to 6:00 p.m. EST; Monday through Friday.
2. If you require additional doses over the maximum covered amount, ask your doctor to submit the request to CPHP by fax (1-800-310-9071), or by phone (1-866-315-7587) by accessing our **Provider's Prior Authorization Form** that is located under the "Forms" link in our website.
3. You may also want to print the Provider's Prior Authorization Form and bring it with you to your next doctor's office.

Once your request has been processed, your doctor will be notified. If you are a Medicare member, you will also receive a determination letter in the mail.

### **Exceptions:**

You ask for an exception to our utilization management tools; such as prior authorization, quantity limits, or step therapy requirements.

### **What is an exception?**

You or your doctor may ask us to make an exception to our Part D Coverage rules in a number of situations:

- You may ask us to cover your Part D drug even if it is not on our formulary. Excluded drugs cannot be covered by a Part D plan unless coverage is through an enhanced plan that covers those excluded drugs.
- You may ask us to waive step therapy requirements or quantity level limits on your Part D drug. For example, for certain Part D drugs, we limit the amount of the drug that we will cover. If your Part D drug has a quantity limit, you may ask us to waive the limit and cover more.
- You may ask us to provide a higher level of coverage for your Part D drug. If your Part D drug is contained in our "Tier 3 – Non-preferred Brand" tier, you may ask us to cover it at the cost-sharing amount that applies to drugs in the "Tier 1 – Preferred Generic" tier instead. This would lower the coinsurance/copayment amount you must pay for your Part D drug. Please note, if we grant your request to cover a Part D drug that is not on

our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for Part D drugs that are in the “Tier 4 – Specialty” tier.

Generally, we will only approve your request for an exception if the alternative Part D drugs included on the Plan formulary or the Part D drug in the preferred tier would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

**Your doctor must submit a statement supporting your exception request. In order to help us make a decision more quickly, the supporting medical information from your doctor should be sent to us with the exception request.**

To ask for a standard decision, you, or your appointed representative should call CarePlus Health Plans, Inc.’s Pharmacy Department at 1-866-315-7587 between the hours of 8:00 a.m. to 6:00 p.m. EST; Monday through Friday. Or you can deliver a written request to:

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

You may also fax it to: 1-800-310-9071

**Before the review can begin, we must receive a supporting statement from your doctor. Your doctor may submit their statement by:**

1. Phone in the request by calling CPHP at 1-866-315-7587 between the hours of 8:00 a.m. to 6:00 p.m. EST; Monday through Friday.
2. The statement can be faxed to: 1-800-310-9071
3. The statement can be mailed to:

CarePlus Health Plans, Inc.  
Attention: Pharmacy Coverage Determinations  
11430 N.W. 20<sup>th</sup> Street, Suite 300  
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Once your request has been processed, your doctor will be notified. If you are a Medicare member, you will also receive a determination letter in the mail.