



Guidelines on Prior Authorization, Step Therapy, Quantity Limits, and Exceptions

How to find out if a drug requires Prior Authorization, Step Therapy or Quantity Limits

Some drugs in the formulary may require Prior Authorization, may have Step Therapy requirements, or Quantity Limitations. You can find out if your drug has any additional requirements or limits by looking in the formulary or visiting our website at CarePlusHealthPlans.com. You may also call our Member Services Department at **1-800-794-5907**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at CarePlusHealthPlans.com.

Prior Authorization (PA)

What is Prior Authorization?

Some prescription drugs require prior authorization (PA) to be covered by CarePlus. If your prescription drug requires prior authorization, you, your appointed representative, or your prescribing physician or other prescriber will need to request and receive approval in advance from CarePlus before you fill your prescription. If you do not get approval, CarePlus may not cover the drug.

Why is Prior Authorization required?

The prior authorization process helps ensure you make the best use of your benefits and receive the most appropriate treatment. For example, if you have diabetes, and your doctor wants you to try a new medication, we may need to authorize this drug before you fill the prescription. We want to make sure the medication will not interfere with others you take or add to your costs unnecessarily.

Step Therapy (ST)

What is Step Therapy?

With Step Therapy drugs, CarePlus requests that you first try certain drugs to treat your medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CarePlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePlus may then cover Drug B. If your drug has a step therapy requirement, your prescribing physician or other prescriber will need to provide a supporting statement to CarePlus if you are prescribed Drug B or wish to try Drug B first, without trying Drug A. CarePlus' approval must be received before you fill your prescription for Drug B. If you do not get approval, CarePlus may not cover Drug B.

Why is Step Therapy required?

Step Therapy promotes the safe and cost-effective use of medication. CarePlus requests 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.

Quantity Limits (QL)

What are Quantity Limits?

For certain drugs, CarePlus limits the amount of the drug that will be covered per prescription or for a defined period of time. If you require additional quantities over the limit, your physician will need to provide a supporting statement to CarePlus. CarePlus' approval must be received before you fill your prescription for the additional quantity, otherwise the additional quantity may not be covered.

Why are 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. Prescriptions written for quantities above the established limits will require authorization before the prescription can be filled.

Coverage Determination

What is a Coverage Determination?

A coverage determination is a decision made by CarePlus as a Medicare Part D sponsor regarding the payment or benefit to which you believe you are entitled to. It may involve a decision regarding whether CarePlus will cover a drug, the portion of the drug cost you may be responsible for, quantity limits, step therapy, or prior authorization requirements.

How to request a coverage determination

You, your appointed representative, your prescribing physician, or other prescriber may file a coverage determination request with CarePlus.

For your PHYSICIAN or other prescriber to submit a Coverage Determination request, they must contact the CarePlus Pharmacy Utilization Management Unit in one of the following ways:

- CarePlus partners with CoverMyMeds to provide real-time determinations for requests submitted by providers online, registration is required. You can access this service through this link, www.covermymeds.com/main/prior-authorization-forms/careplus OR
- Calling the **CarePlus Pharmacy Utilization Management Unit** at 1-866-315-7587, from 8 am to 8 pm EST; Monday through Friday; OR
- Faxing a coverage determination request along with any applicable supporting documentation to 1-800-310-9071. For your physician's convenience, they may

obtain a copy of the **Request for Medicare Prescription Drug Coverage Determination Form** through the following links: [English](#) / [Spanish](#). You may also print this form and take it with you to your physician's office; OR

- Submitting the request electronically along with any applicable supporting documentation. Your physician may fill out the **Request for Medicare Prescription Drug Coverage Determination Form** online through the following links: [English](#) / [Spanish](#); and send it to us electronically; OR
- Mailing a written request to:
CarePlus Health Plans
Attention: CarePlus Clinical Pharmacy Review
P. O. Box 14601
Lexington, KY 40512-4601

If you would like to make the coverage determination request YOURSELF, you or your appointed representative must contact us in one of the following ways:

- Calling Member Services Department at **1-800-794-5907**. If you use a TTY, call <711>. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**.
- ; OR
- Faxing the request to 1-800-310-9071. For your convenience, you may obtain a copy of the **Request for Medicare Prescription Drug Coverage Determination Form** through the following links: [English](#) / [Spanish](#). You may also print this form and take it with you to your physician's office; OR
- Submitting the request online along with any applicable supporting documentation provided by your physician. You may fill out the **Request for Medicare Prescription Drug Coverage Determination Form** online from the following links: [English](#) / [Spanish](#); and send it to us electronically; OR
- Mailing a written request to:
CarePlus Health Plans
Attention: CarePlus Clinical Pharmacy Review
P. O. Box 14601
Lexington, KY 40512-4601

If you would like to make the coverage determination request YOURSELF, you or your appointed representative must contact us in one of the following ways:

- Calling Member Services Department at **1-800-794-5907**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**.
- ; OR
- Faxing the request to 1-800-310-9071. For your convenience, you may obtain a copy of the **Request for Medicare Prescription Drug Coverage Determination Form** through the following links: [English](#) / [Spanish](#). You may also print this form and take it with you to your physician's office; OR
- Submitting the request online along with any applicable supporting documentation provided by your physician. You may fill out the **Request for Medicare Prescription Drug Coverage Determination Form** online from the following links: [English](#) / [Spanish](#); and send it to us electronically; OR
- Mailing a written request to:
CarePlus Health Plans, Inc.
Attention: CarePlus Clinical Pharmacy Review
P. O. Box 14601
Lexington, KY 40512-4601

Once the coverage determination request is submitted, we must notify you of our decision no later than 24 hours (expedited) or 72 hours (standard) from the date and time the request is received. Your request will be expedited if we determine, or your doctor informs us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

If you have any questions regarding your request, please call Member Services at 1-800-794-5907. TTY users should call 711.

Exceptions

You may request an exception to our coverage requirements, including prior authorization, quantity limit, and step therapy.

How to request an exception

You, your appointed representative, or your prescribing physician or other prescriber 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. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug (e.g. step therapy or quantity limits). For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

If your plan's formulary has more than one tier, you can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty or select care drugs tiers. If approved this would lower the amount you will pay for your drug. For example, if your drug is usually considered a non-preferred drug, you can ask us to cover it as preferred drug instead. Please note, if we grant your request to cover a Part D drug that is not on our formulary, you cannot ask us to provide a tiering exception for the non-formulary drug approved under the formulary exception process. Also, you cannot ask us to provide a higher level of coverage for Part D drugs that are in the "Tier 5 – Specialty" tier or "Tier 6 – Select Care Drugs".

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 (if your plan's formulary has more than one tier) would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

For all exception requests, your physician or other prescriber must provide a statement supporting the request. CarePlus must receive this supporting statement before the review of your request can begin. You may help us accelerate the determination review by including the supporting medical information provided by a physician at the time you send the exception request to CarePlus; or by asking your physician to send the request and supporting statement to CarePlus directly.

Once the physician's statement is submitted, we must notify you of our decision no later than 24 hours (expedited) or 72 hours (standard) from the date and time the physician statement is received. Your request will be expedited if we determine, or your doctor informs us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

Your PHYSICIAN or other prescriber may submit the exception request on your behalf along with a supporting statement by:

- Calling the CarePlus Pharmacy Utilization Management Unit at 1-866-315-7587 between the hours of 8 am to 8 pm EST; Monday through Friday; OR

- Faxing the request to 1-800-310-9071. For your convenience, you may obtain a copy of the **Request for Medicare Prescription Drug Coverage Determination Form** through the following links: [English](#) / [Spanish](#). You may also print this form and take it with you to your physician's office; OR
- Submitting the request online along with any applicable supporting documentation provided by your physician. You may fill out the **Request for Medicare Prescription Drug Coverage Determination Form** online from the following links: [English](#) / [Spanish](#); and send it to us electronically; OR
- Mailing a written request to:
CarePlus Health Plans
Attention: CarePlus Clinical Pharmacy Review
P. O. Box 14601
Lexington, KY 40512-4601

If you would like to make the exception request YOURSELF, you or your appointed representative may do so by:

- Calling Member Services Department at **1-800-794-5907**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**.
- ; OR
- Faxing the request to 1-800-310-9071. For your convenience, you may obtain a copy of the **Request for Medicare Prescription Drug Coverage Determination Form** through the following links: [English](#) / [Spanish](#). You may also print this form and take it with you to your physician's office; OR
- Submitting the request online along with any applicable supporting documentation. You may fill out the **Request for Medicare Prescription Drug Coverage Determination Form** and attach your physician's supporting statement online through the following links: [English](#) / [Spanish](#); and send it to us electronically; OR
- Mailing a written request including your physician's supporting statement to:
CarePlus Health Plans
Attention: CarePlus Clinical Pharmacy Review
P. O. Box 14601
Lexington, KY 40512-4601

If you have any questions regarding your request, please call Member Services at 1-800-794-5907. TTY users should call 711.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-794-5907 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **1-800-794-5907 (TTY: 711)**:

বাংলা Bengali: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-794-5907 (TTY: 711)** নম্বরে।

简体中文 Simplified Chinese: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-794-5907 (听障专线: 711)**。

繁體中文 Traditional Chinese: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-794-5907 (聽障專線: 711)**。

Kreyòl Ayisyen Haitian Creole: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **1-800-794-5907 (TTY: 711)**.

Hrvatski Croatian: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-794-5907 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-794-5907 (TTY: 711)** تماس بگیرید.

Français French: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-794-5907 (TTY: 711)**.

Deutsch German: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-794-5907 (TTY: 711)**.

Ελληνικά Greek: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-794-5907 (TTY: 711)**.

ગુજરાતી Gujarati: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-794-5907 (TTY: 711)** પર ફોન કરો.

עברית Hebrew: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-794-5907 (TTY: 711)**.

Hmoob Hmong: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-794-5907 (TTY: 711)**.

This notice is available at **CarePlusHealthPlans.com/MLI**.

GHHNOA2025CP

Italiano Italian: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-794-5907 (TTY: 711)**.

日本語 Japanese: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-794-5907 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ Khmer: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍។
ទូរសព្ទទៅលេខ **1-800-794-5907 (TTY: 711)**។

한국어 Korean: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
1-800-794-5907 (TTY: 711)번으로 문의하십시오.

Diné Navajo: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodoonígíí diné bich'í' anídahazt'í'í, dóó lahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodíilnih **1-800-794-5907 (TTY: 711)**.

Polski Polish: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-794-5907 (TTY: 711)**.

Português Portuguese: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-794-5907 (TTY: 711)**.

ਪੰਜਾਬੀ Punjabi: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।
1-800-794-5907 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский Russian: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-794-5907 (TTY: 711)**.

Español Spanish: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-794-5907 (TTY: 711)**.

Tagalog Tagalog: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-794-5907 (TTY: 711)**.

தமிழ் Tamil: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.
1-800-794-5907 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు Telugu: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **1-800-794-5907 (TTY: 711)** కి కాల్ చేయండి.

اردو Urdu: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **(TTY: 711) 1-800-794-5907**

Tiếng Việt Vietnamese: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-794-5907 (TTY: 711)**.