



You can contact CarePlus for the most recent list of drugs by calling 1-800-794-5907; TTY: 711. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day. You may also visit www.careplushealthplans.com.

This document applies to the following CarePlus Plans:

| Plan | Market | Formulary ID | Version |
|----------|------------------------------------|--------------|---------|
| H1019001 | South Florida: Broward | 20463 | 12 |
| H1019006 | South Florida: Miami-Dade | 20463 | 12 |
| H1019023 | South Florida: Broward, Palm Beach | 20462 | 12 |
| H1019024 | South Florida: Miami-Dade | 20462 | 12 |
| H1019026 | Tampa | 20462 | 12 |
| H1019028 | Orlando | 20462 | 12 |
| H1019057 | Orlando | 20463 | 12 |
| H1019076 | South Florida: Miami-Dade | 20462 | 12 |
| H1019077 | Orlando | 20462 | 12 |
| H1019079 | Tampa | 20462 | 12 |
| H1019081 | South Florida: Broward, Palm Beach | 20462 | 12 |

| Plan | Market | Formulary ID | Version |
|----------|---------------------------|--------------|---------|
| H1019083 | South Florida: Miami-Dade | 20462 | 12 |
| H1019089 | South Florida: Miami-Dade | 20463 | 12 |
| H1019092 | Orlando | 20462 | 12 |
| H1019098 | Daytona | 20463 | 12 |
| H1019099 | Daytona | 20462 | 12 |
| H1019100 | Daytona | 20462 | 12 |
| H1019101 | Daytona | 20462 | 12 |
| H1019102 | Palm Beach | 20463 | 12 |
| H1019103 | Tampa | 20463 | 12 |
| H1019104 | Tampa | 20462 | 12 |

| Drug Name | Step Therapy Criteria |
|--------------------------------|--|
| AMOXICIL-CLARITHROMY-LANSOPRAZ | An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication with Pylera. |
| ASPIRIN-DIPYRIDAMOLE | An automatic approval will be given to members who have had previous treatment with clopidogrel. |
| AZELAIC ACID | An automatic approval will be given to members who have had previous treatment with topical metronidazole. |
| DARIFENACIN | An automatic approval will be given to members who have had previous treatment with two of the following: Oxybutynin (IR or ER), Toviaz, or Myrbetriq. |
| FENOFIBRATE MICRONIZED | An automatic approval will be given to members who have had previous treatment to one strength of generic fenofibrate tablet (145mg, 160mg, 48mg,54 mg) AND one strength of generic fenofibrate micronized capsule (200 mg, 134 mg, 67 mg). |
| FINACEA | An automatic approval will be given to members who have had previous treatment with topical metronidazole. |
| FROVATRIPTAN | An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan. |
| LEVALBUTEROL TARTRATE | An automatic approval will be given to members who have had previous treatment with generic albuterol HFA and Ventolin HFA. |
| MOMETASONE | An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved. |
| NAPROXEN SODIUM | An automatic approval will be given to members who have had previous treatment with two of the following oral generics: Meloxicam, Diclofenac, Ibuprofen, Naproxen. |

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|-------------------------------|--|
| NASONEX | An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved. |
| OLOPATADINE | An automatic approval will be given to members who have had previous trial with at least two of the following agents: olopatadine 0.2%, azelastine, or cromolyn eye drops. |
| OMEPPPI | An approval will be given to members who have had previous treatment or intolerance to omeprazole AND pantoprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required. |
| OMEPRAZOLE-SODIUM BICARBONATE | An approval will be given to members who have had previous treatment or intolerance to omeprazole AND pantoprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required. |
| RHOPRESSA | An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog (e.g. latanoprost, travoprost). |
| ROCKLATAN | An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog (e.g. latanoprost, travoprost). |
| RYTARY | An automatic approval will be given to members who have had previous treatment or intolerance to an immediate-release or extended-release Carbidopa-Levodopa containing product. |
| SEVELAMER HCL | The member has had previous treatment, intolerance to, or contraindication to calcium acetate (tablet OR capsule) AND sevelamer carbonate (generic or brand Renvela powder packets OR tablets). |
| SPRITAM | An automatic approval will be given to members who have had prior therapy with levetiracetam and one of the following: lamotrigine, carbamazepine, topiramate, divalproex, or phenytoin. |

| Drug Name | Step Therapy Criteria |
|------------------------------------|---|
| TELMISARTAN- HYDROCHLOROTHIAZID | An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ. |
| TRINTELLIX | An automatic approval will be given to members who have had prior therapy with a generic SSRI, SNRI, bupropion or mirtazapine. |

IMPORTANT!

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. CarePlus complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:
CarePlus Health Plans, Inc. Attention: Member Services Department. 11430 NW 20th Street, Suite 300. Miami, FL 33172.
If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

ગુજરાતી (Gujarati): નિચીલેલું નંબર પર કોલ કરવા માટે ઉપરોક્ત નંબર પર કોલ કરો.

ภาษาไทย (Thai): โทรติดต่อที่หมายเลขด้านบนนี้เพื่อรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย.

Diné Bizaad (Navajo): Wóda'hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad beeáká'ánída'áwo'déé níká'adoowól.

العربية (Arabic):

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك