



## **Requesting a coverage determination or an exception**

### **What is a coverage determination?**

A coverage determination is a decision made by or on behalf of the patient's insurance plan regarding coverage of a prescription drug. If a drug requires a coverage determination, the patient, the patient's appointed representative, or the patient's prescribing physician or other prescriber will need to request and receive approval from CarePlus before this drug may be covered.

### **Why is a coverage determination required?**

CarePlus has placed this requirement on select high-risk or high-cost medications to promote safe and effective drug utilization. We want to make sure these medications do not interfere with others the patient takes, or add to the patient's costs unnecessarily. Coverage determination criteria are established by the CarePlus pharmacy and therapeutics committees with input from physicians, manufacturers, peer-reviewed literature, standard compendia, and other experts.

### **How do I request a coverage determination?**

A coverage determination may be requested by the patient, the patient's appointed representative, or the patient's prescribing physician or other prescriber.

If you would like to submit a coverage determination request on behalf of your patient with CarePlus-coverage, you may contact our pharmacy coverage determination review team in one of the following ways:

- Call 1-866-315-7587, Monday through Friday between 8 a.m. and 8 p.m. Eastern time.
- Fax the request, along with applicable supporting documentation, to 1-800-310-9071.

For your convenience, you may call the pharmacy coverage determination review team at 1-866-315-7587 to request a coverage determination form specifically designed for the drug that is being requested. This form will include specific questions to ensure all required information is obtained for the review.

You also may use the "Request for Medicare Prescription Drug Coverage Determination" form that is available in the CarePlus Provider Manual and at H1019\_PHAPrvdrCDWeb2021\_C

[apps.humana.com/marketing/documents.asp?file=2618824](https://apps.humana.com/marketing/documents.asp?file=2618824). This is a general form that may require our pharmacy coverage determination review team to contact you to obtain additional information that is specific to the drug being requested.

- Send the request electronically by completing the online Coverage Determination Request Form available at [www.CarePlusHealthPlans.com/Members/Drug-Coverage-Determination](https://www.CarePlusHealthPlans.com/Members/Drug-Coverage-Determination). You may attach applicable supporting documentation to this form and submit it to us online. In addition, you will be able to print a copy of the completed form for your records.
- Mail a statement to:

CarePlus Health Plans  
Attention: Member Services Department  
11430 NW 20th Street, Suite 300  
Miami, FL 33172

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

An exception request is a type of coverage determination that the patient, the patient's appointed representative, or the patient's prescribing physician or other prescriber may request. Exception requests are granted when we determine that the requested drug is medically necessary for the patient. Therefore, you must submit a statement to CarePlus to support the request.

There are different types of exceptions, such as:

1. A **tiering exception**: A request for a non-preferred drug at the cost-sharing terms applicable to drugs in the preferred tier. For this type of exception, your supporting statement must indicate that the preferred drug would not be as effective as the requested drug in the higher cost-sharing tier for treating the patient's condition, that the preferred drug would have adverse effects for the patient, or both.
2. A **formulary exception**: A request for a Medicare Part D drug that is not included on the CarePlus formulary or does not meet our formulary utilization rules, such as quantity limits or step therapy. For this type of exception, your supporting statement must indicate that the non-formulary drug is necessary for treating the patient's condition. The statement must indicate that all covered Medicare Part D drugs on any tier of the plan's formulary would not be as effective, or would have adverse effects; that the number of doses under a dose restriction has been, or is likely to be ineffective; or that the alternative drug listed on the formulary, or required to be used in accordance with step therapy has been, or is likely to be ineffective or cause an adverse reaction.

## How do I submit a supporting statement?

Send supporting medical information to CarePlus, along with the exception request, in one of the following ways:

- Call 1-866-315-7587, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.
- Fax the request, along with applicable supporting documentation, to 1-800-310-9071.

For your convenience, you may call the CarePlus pharmacy coverage determination review team at 1-866-315-7587 to request a coverage determination form specifically designed for the drug that is being requested. This form will include specific questions to ensure all required information is obtained for the review.

You also may use the “Request for Medicare Prescription Drug Coverage Determination” form that is available in the CarePlus Provider Manual and [apps.humana.com/marketing/documents.asp?file=2618824](https://apps.humana.com/marketing/documents.asp?file=2618824). This is a general form that may require the CarePlus pharmacy coverage determination review team to contact you to obtain additional information that is specific to the drug that is being requested.

- Send the request electronically by completing the online “Request for Medicare Prescription Drug Coverage Determination” available at [www.CarePlusHealthPlans.com/Members/Drug-Coverage-Determination](https://www.CarePlusHealthPlans.com/Members/Drug-Coverage-Determination). You may attach applicable supporting documentation to this form and submit it to us online. In addition, you will be able to print a copy of the completed form for your records.
- Mail a statement to:

CarePlus Health Plans, Inc.  
Attention: Member Services Department  
11430 NW 20th Street, Suite 300  
Miami, FL 33172

Once your request has been processed, you and the patient or patient’s appointed representative will be notified of the plan’s decision.