



You can contact CarePlus for the most recent list of drugs by calling 1-800-794-5907; from 8 a.m. to 8 p.m., 7 days a week. From February 15th to September 30th, we are open Monday – Friday from 8 a.m. to 8 p.m. TTY users should call 711; or visit www.careplushealthplans.com .

This document applies to the following CarePlus Plans:

Plan	Market	Formulary ID	Version
H1019043	Treasure and Space Coast	17219	17
H1019065	South Florida	17219	17
H1019069	North Florida	17219	17
H1019073	North Florida	17219	17
H1019085	North Florida	17219	17

Drug Name	Step Therapy Criteria
AGGRENOX	An automatic approval will be given to members who have had previous treatment with clopidogrel.
AMOXICIL-CLARITHROMY-LANSOPRAZ	An automatic approval will be given to members who have had previous treatment with Pylera.
ASPIRIN-DIPYRIDAMOLE	An automatic approval will be given to members who have had previous treatment with clopidogrel.
BETOPTIC S	An automatic approval will be given to members who have had previous treatment with two of the follownig eye drops: LEVOBUNOLOL 0.5%, TIMOLOL 0.25%, TIMOLOL 0.5%, BETAXOLOL HCL 0.5%.
BRINTELLIX	An automatic approval will be given to members who have had previous treatment with SSRI and bupropion or mirtazapine.
BUDESONIDE	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.
DARIFENACIN	An automatic approval will be given to members who have had previous treatment with Tolterodine and Oxybutynin.
DESVENLAFAXINE SUCCINATE	An automatic approval will be given to members who have had previous treatment with venlafaxine (IR or ER) and duloxetine.
DIFICID	An automatic approval will be given to members who have had previous treatment with oral vancomycin.
ENABLEX	An automatic approval will be given to members who have had previous treatment with Tolterodine and Oxybutynin.
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).

Drug Name	Step Therapy Criteria
FINACEA	An automatic approval will be given to members who have had previous treatment with topical Metronidazole 0.75%.
FLUVASTATIN	An automatic approval will be given to members who have had previous treatment with two of the following statins: simvastatin, pravastatin, lovastatin, atorvastatin or rosuvastatin.
FORTEO	An automatic approval will be given to members who have had previous treatment with oral bisphosphonates.
FOSAMAX PLUS D	An automatic approval will be given to members who have had previous treatment with Alendronate.
LESCOL	An automatic approval will be given to members who have had previous treatment with two of the following statins: simvastatin, pravastatin, lovastatin, atorvastatin or rosuvastatin.
LESCOL XL	An automatic approval will be given to members who have had previous treatment with two of the following statins: simvastatin, pravastatin, lovastatin, atorvastatin or rosuvastatin.
LEVALBUTEROL TARTRATE	An automatic approval will be given to members who have had previous treatment with Ventolin HFA.
LIVALO	An automatic approval will be given to members who have had previous treatment with generic simvastatin OR pravastatin OR lovastatin OR atorvastatin.
MICARDIS	An automatic approval will be given to members who have had previous treatment with Losartan or Losartan-HCTZ AND one of the following: Irbesartan, Irbesartan-HCTZ, Candesartan, Candesartan-HCTZ, Valsartan, Valsartan-HCTZ.
MICARDIS HCT	An automatic approval will be given to members who have had previous treatment with Losartan or Losartan-HCTZ AND one of the following: Irbesartan, Irbesartan-HCTZ, Candesartan, Candesartan-HCTZ, Valsartan, Valsartan-HCTZ.
MIRAPEX ER	An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.

Drug Name	Step Therapy Criteria
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.
NAFTIFINE	An automatic approval will be given to members who have had previous treatment with two of the following: Ciclopirox 0.77% cream/gel/ suspension, Clotrimazole 1% cream, Ketoconazole 2% cream, Nystatin cream/ointment.
NAFTIN	An automatic approval will be given to members who have had previous treatment with two of the following: Ciclopirox 0.77% cream/gel/ suspension, Clotrimazole 1% cream, Ketoconazole 2% cream, Nystatin cream/ointment.
NAPRELAN CR	An automatic approval will be given to members who have had previous treatment with two of the following oral generics: Meloxicam, Diclofenac, Ibuprofen, Naproxen.
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.
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.
NEVANAC	An automatic approval will be given to members who have had previous treatment with Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.
NORITATE	An automatic approval will be given to members who have had previous treatment with topical Metronidazole 0.75%.

Drug Name	Step Therapy Criteria
OLOPATADINE	An automatic approval will be given to members who have had previous treatment with Pazeo ophthalmic solution and one of the following: Azelastine ophthalmic solution or Cromolyn ophthalmic solution or Epinastine ophthalmic solution
OLOPATADINE	An automatic approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray or Flunisolide nasal spray.
OMEPPi	An approval will be given to members who have had previous treatment with Pantoprazole AND Omeprazole. 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 with Pantoprazole AND Omeprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required.
OMNARIS	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.
PATANASE	An automatic approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray or Flunisolide nasal spray.
PATANOL	An automatic approval will be given to members who have had previous treatment with Pazeo ophthalmic solution and one of the following: Azelastine ophthalmic solution or Cromolyn ophthalmic solution or Epinastine ophthalmic solution
PRAMIPEXOLE	An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.

Drug Name	Step Therapy Criteria
PRED MILD	An automatic approval will be given to members who have had previous treatment with two of the following eye drops: Durezol 0.05% eye drops, prednisolone sodium phosphate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%.
PREVPAC	An automatic approval will be given to members who have had previous treatment with Pylera.
PRISTIQ	An automatic approval will be given to members who have had previous treatment with venlafaxine (IR or ER) and duloxetine.
RANEXA	An automatic approval will be given to members who have had previous treatment with Calcium channel blockers, beta blockers, or nitrates.
RENAGEL	An automatic approval will be given to members who have had previous treatment with Renvela and Calcium Acetate.
RHINOCORT AQUA	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.
SPRITAM	An automatic approval will be given to members who have had previous treatment with levetiracetam.
TELMISARTAN-HYDROCHLOROTHIAZID	An automatic approval will be given to members who have had previous treatment with Losartan or Losartan-HCTZ AND one of the following: Irbesartan, Irbesartan-HCTZ, Candesartan, Candesartan-HCTZ, Valsartan, Valsartan-HCTZ.
TRINTELLIX	An automatic approval will be given to members who have had previous treatment with SSRI and bupropion or mirtazapine.
ULORIC	An automatic approval will be given to members who have had previous treatment with Allopurinol.

Drug Name	Step Therapy Criteria
VERAMYST	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.
XOPENEX HFA	An automatic approval will be given to members who have had previous treatment with Ventolin HFA.
ZEGERID	An approval will be given to members who have had previous treatment with Pantoprazole AND Omeprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required.

CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

CarePlus Health Plans, Inc. (“CarePlus”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CarePlus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CarePlus:

- Provides free assistance and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats
- Provides free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the number on the back of your Member ID Card or contact Member Services using the information below.

If you believe that CarePlus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CarePlus Health Plans, Inc.

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

Telephone: 1-800-794-5907 (TTY users should call 711)
8 a.m. to 8 p.m., 7 days a week

From February 15th to September 30th, we are open Monday-Friday from 8 a.m. to 8 p.m.

Fax: 1-800-956-4288

You can file a grievance in person or by mail, phone or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the contact information listed above.

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, D.C. 20201
1-800-368-1019; 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-794-5907 (TTY:711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY:711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-794-5907 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-794-5907 (TTY:711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-794-5907 (TTY:711) 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang bayad. Tumawag sa 1-800-794-5907 (TTY:711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-794-5907 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-794-5907 (TTY: 711).

Français (French): ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-794-5907 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY:711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-794-5907 (TTY:711).

Diné Bizzad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, koji’ hódíílnih 1-800-794-5907 (TTY:711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).