

Exceptions:

You may 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 Primary Care Physician 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 the 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 – Preferred Brand" tier or our "Tier 4 – 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 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 5 – 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 Primary Care Physician must submit a statement supporting your exception request. In order to help us make a decision more quickly, the supporting medical information from your PCP should be sent to us with the exception request.

To ask for a standard decision, you, or your appointed representative should call HealthSun Health Plans at 877 477-4458 between the hours of 8:30am to 5:30pm Monday through Friday. TTY users should call 877 206-0500. Or you can send a written request to:

HealthSun Health Plans, Inc.
Member Services Department
1250 SW 37th Avenue
Miami, Florida 33135

You may also fax it to: (305) 448-5783. TTY users should call 877 206-0500.

Before the review can begin, we must receive a supporting statement from your Primary Care Physician. Your PCP may submit the statement by:

1. Calling our Member Services Department at 877 477-4458 between the hours of 8:30am to 5:30pm Monday through Friday. TTY users should call 877 206-0500.
2. The statement can be faxed to: (305) 448-5783
3. The statement can be mailed to:

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