



Instructions for completing and submitting Prior authorization/Drug Exception form

- Form must be completed and submitted by physician or physician staff
- Please fill out all information including medication failure or contraindication and statement for an exception request.
- Fax completed form to 305 448-5783 or mail to:

HealthSun Health Plans
Member Services Department
1205 SW 37th Avenue
Miami, Florida 33135

- For any questions, physician or physician staff should call 1-305-448-8100
- If request is denied, but physician wants to submit additional information for redetermination, they should add the information to the form and resend it to pharmacy department.