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| I:\Marketing\Logos\Viva Health\#3 Square Logo with VIVA HEALTH, B&W.jpg  PHARMACY | 417 20th Street North, Suite 1100  **Pharmacy Department**  Birmingham, AL 35203  Fax Number: (205) 449-2465 |

**Commercial Pharmacy Coverage Determination Form**

**\*\*\* Please note any incomplete information may result in a denial \*\*\***

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| **Patient Information:** | **Prescriber Information:** | |
| Patient Name: | Prescriber: | |
| Member ID #: | Office Phone #: | |
| Date of Birth: | Office Fax #: | |
| Phone #: | NPI #: | |
| Address: | Office Contact: | |
| **View Commercial Plan Formulary at:** <http://www.vivahealth.com/provider/resources> | | |
| **Medication and Diagnosis Information:** |  | |
| Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Strength:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Must check one: Brand Generic | Route:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Alternate Drug(s) Previously Tried or Contraindicated:  Drug: Date(s) Used: Outcome: | | |
| Drug: Date(s) Used: Outcome:  Drug: Date(s) Used: Outcome: | | |
| **Rationale for Request: (Please attach relevant labs and clinic notes)** | | |
|  | | |
| **Prescriber or Authorized Representative Signature:** | | |
| Signature: Date: | | |
| Prescriber Specialty: | | Request for expedited review |

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