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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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