VIVA MEDICARE
PHARMACY

417 20th Street North, Suite 1100
Pharmacy Department
Birmingham, AL 35203
Fax Number: (205) 449-2465

MEDICARE PART D COVERAGE DETERMINATION FORM

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

Patient Information:	**Prescriber Information:**
Patient Name:	Prescriber:
Member ID #:	Office Phone #:
Date of Birth:	Office Fax #:
Phone #:	NPI #:
Address:	Office Contact:

Medication and Diagnosis Information:

Medication:_____ Strength:_____

Must check one: ☐ Brand ☐ Generic Route:_____

Frequency:_____ Quantity: _____

If Injectable or Nebulized: where is being administered? Must check one:

☐ Home (Self-Administered) ☐ Long-Term Care ☐ Skilled Nursing Facility

☐ Provider's Stock (Buy & Bill) ☐ Provider's Office (Patient Provides)

Diagnosis: (Please attach all office notes and labs supporting diagnosis)

Please indicate here if the drug requested is for the member receiving hospice care ☐
If indicated, is the drug requested unrelated to the terminal illness and related conditions? Yes ☐ No ☐

Request for Expedited Review:

☐ By checking this box, I certify that waiting 72 hours for a standard review may seriously jeopardize the life or health of the member's ability to regain maximum function.

Please provide an afterhours contact and direct number: _____

View Plan Formulary, Prior Authorization and Step Therapy Criteria at:
https://www.vivahealth.com/medicare/MemberResources/

Exception requests require the patient to have tried and failed the following:

- ✓ 1 formulary alternative if there are 1-2 formulary alternatives available
- ✓ 2 formulary alternatives if there are 3-4 formulary alternatives available
- ✓ 3 formulary alternatives if there are 5-6 formulary alternatives available
- ✓ 4 formulary alternatives if there are 7-8 formulary alternatives available
- ✓ 5 formulary alternatives if there are greater than 8 formulary alternatives available

***** Please provide a complete supporting statement under the applicable request *****

Formulary Exception: Request for a drug that is not on the plan's list of covered drugs. The prescriber must provide information that, given the patient's medical condition, all covered Part D drugs on any tier of the plan's formulary would not be as effective and/or would have adverse side effects. _____

_____

_____

_____

Quantity Limit Exception: Request for an exception to the plan's limit on the number of pills available. The prescriber must provide documentation that the restricted dose has been found to be ineffective OR based on both sound clinical evidence and medical and scientific evidence, the known relevant physical or mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance. _____

_____

_____

Tier Exception: Request for an exception to the tier level for a covered drug. The prescriber must provide documentation that the drug in the lower-cost sharing tier for the treatment of the member's condition would not be as effective as the requested drug in the higher cost-sharing tier and/or would have adverse effects. Limitations: Cannot request a tier exception for Tier 5 Specialty medications, or for drugs approved as a formulary exception. _____

_____

_____

Alternative drugs tried and failed:	
Drug #1	**Drug #5**
Drug #2	**Drug #6**
Drug #3	**Drug #7**
Drug #4	**Drug #8**

☐ Indicate if request is due to drug supply shortage.

Prescriber or Authorized Representative Signature:

Signature: Date:

I attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., U.S.C. §§ 3729 – 3733.