VIVA HEALTH®
PHARMACY

417 20th Street North, Suite 1100
Pharmacy Department
Birmingham, AL 35203
Fax Number: (205) 872-0458

Commercial Pharmacy Coverage Determination Form

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: _____

Dispensed from: ☐ Provider's Stock (Buy & Bill) ☐ Pharmacy's Stock

Must check one: ☐ Brand ☐ Generic Route: _____

Frequency: _____ Quantity: _____

Diagnosis: _____

If expedited review is needed, please provide rationale: _____

_____

Alternate Drug(s) Previously Tried or Contraindicated:

Drug:	Date(s) Used:	Outcome:
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☐ Indicate if request is due to drug supply shortage.

Rationale for Request: (Please attach relevant labs and clinic notes)

Prescriber or Authorized Representative Signature:

Signature: _____ Date: _____

Prescriber Specialty:

Revised: 08/16/2023