

VIVA MEDICARE PLUS RX
PARTD COVERAGE DETERMINATION / EXCEPTION REQUEST FORM

MEMBER INFORMATION:		PHYSICIAN INFORMATION:	
Name:		Name:	
Member Number:		Specialty:	
Date of Birth:		Office Contact:	
Telephone #:		Telephone #:	Fax #:
Name of requested drug (include strength, daily # of doses, monthly quantity):			
Physician's Supporting Statement (attach a separate page if more space needed):			
Type of Coverage Determination / Exception Request:			
<input type="checkbox"/> 1. Exception / Formulary <input type="checkbox"/> 2. Exception / Tier <input type="checkbox"/> 3. Exception / Quantity	<p>The following information MUST BE ATTACHED for <u>formulary and tier</u> exceptions:</p> <ul style="list-style-type: none"> A statement signed by the physician that the requested drug is medically required and that, given the patient's medical condition, all other drugs on any tier of the formulary for treatment of the same condition would not be as effective as the requested drug or would have adverse effects or both. <p>AND ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> Clinical documentation in the patient's medical record of an allergic or adverse reaction to at least one formulary drug. Clinical documentation in the patient's medical record of failure after trying two formulary drugs within the same therapeutic class. <p>The following information MUST BE ATTACHED for <u>quantity</u> exceptions:</p> <ul style="list-style-type: none"> A statement signed by the physician stating that the requested drug is medically required and one of the following: 1) that the restricted dosage has been tried and found to be ineffective 2) that the restricted dosage is likely to be ineffective based on knowledge of the patient's medical condition and characteristics of the patient and/or the drug or 3) that the restricted dosage is likely to adversely affect the drug's effectiveness or the patient's compliance. <p>AND ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> Clinical documentation in the patient's medical record that the restricted dosage has been tried and found to be ineffective Clinical documentation in the patient's medical record supporting the physician's belief that the restricted dosage is likely to be ineffective (such as the relevant physical or mental characteristics of the patient) or to adversely affect the drug's effectiveness or the patient's compliance. 		
Additional information regarding exception requests:			
<ul style="list-style-type: none"> For reference, the plan formulary can be found on the internet at http://www.vivamedicaremember.com/Member/Resources.aspx A tier exception cannot be requested for drugs on tier 4 (specialty drugs). A tier exception cannot be requested to make a brand name drug (tier 2) copayment become generic drug (tier 1) copayment. Non-formulary drugs approved through the exception process will be covered on tier 3 for non-preferred brand name drugs. 			
Type of Time Frame for the Coverage Determination Request:			
<input type="checkbox"/> Standard coverage determinations will be made within 72 hours of receipt of the request. <input type="checkbox"/> Expedited coverage determinations will be made within 24 hours of receipt of the request. Expedited coverage determinations should only be requested when you believe that waiting for a standard decision (72 hours) could seriously harm the patient's life or ability to regain maximum function.			
Physician's Signature: _____		Date: _____	
*** Please fax the completed VIVA MEDICARE PLUS RX coverage determination/exception request form and the required supporting clinical information copied from the patient's medical records to (205) 558-7506.			

