Vivida Health
6630 Orion Dr.
Fort Myers, FL 33912

Medication Prior Authorization / Exceptions Request Form

Fax form to: (866) 265-5511

To ensure a timely response, please fill out form completely and legibly. An incomplete form may be returned. Please submit clinical information as needed to support medical necessity of the request. Requests will not be processed if any of the following information is missing: member information, provider information or clinical documentation (chart notes). For any questions, please contact Vivida Health by phone at: (844) 716-5385.

Today's Date:	☐ Medicaid

Member Information

Last Name:	First Name:
ID Number:	Date of Birth:

Provider Information

Name:	Specialty & NPI number:
Phone Number:	Fax Number:

Review Type:	
☐ Initial Review	☐ Reauthorization (recent clinical documentation showing evidence of Clinical efficacy must be submitted)

1. **Medication Requested:** (Include name, strength, directions and quantity)

2. **Estimated duration of therapy:**

3. **ICD-10 Code/Diagnosis description for requested medication:**

4. **Previous formulary medication trial and failures:** (Length of treatment/outcome with dates must be supported in clinical documentation (chart notes). Use of pharmaceutical samples cannot be accepted as justification.)

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