

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Commercial (Traditional)  Commercial (Individual/Optimized)  
 Medicaid

This request is:  Urgent (life threatening)  Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Smoking Cessation Products (Prescription and Over-the-Counter)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

Drug product:  Chantix **Start date** (or date of next dose): \_\_\_\_\_  
 bupropion (Zyban) SR 150 mg tablet **Date of last dose** (if applicable): \_\_\_\_\_  
 nicotine patch (7 mg, 14 mg, 21 mg) **Dosing frequency:** \_\_\_\_\_  
 nicotine lozenge (2 mg, 4 mg)  
 nicotine gum (2 mg, 4 mg)  
 Nicotrol inhaler  
 Nicotrol NS nasal spray

### Precertification Requirements

**All smoking cessation products are covered for 12 weeks without authorization. For continued coverage beyond 12 weeks, the patient must meet all of the following criteria:**

1. Patient has successfully quit smoking after 12 consecutive weeks of smoking cessation therapy
  - If the patient has successfully quit smoking after 12 consecutive weeks of smoking cessation therapy, authorization will be given for an additional 12 weeks of therapy
  - The maximum length of therapy is 12 weeks per calendar year without prior authorization or 24 weeks with prior authorization

For nicotine patches: Only generic over-the-counter (OTC) patches are covered.

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

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**Priority Health Precertification Documentation**

**A. How many weeks of smoking cessation therapy has the patient received in total? \_\_\_\_\_**

**B. What smoking cessation products has the patient used during that time period?**

- Chantix
- bupropion (Zyban)
- nicotine patch
- nicotine lozenge
- nicotine gum
- Nicotrol inhaler
- Nicotrol NS

**C. Has the patient successfully quit smoking?**

- Yes
- No, rationale for use: \_\_\_\_\_