PriorityHealth

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

☐ New request ☐ Continuation request

Drug product:

- ☐ Chantix
- ☐ bupropion (Zyban) SR 150 mg tablet
- ☐ nicotine patch (7 mg, 14 mg, 21 mg)
- ☐ nicotine lozenge (2 mg, 4 mg)
- ☐ nicotine gum (2 mg, 4 mg)
- ☐ Nicotrol inhaler
- ☐ Nicotrol NS nasal spray

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

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.

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2017

Last reviewed 11/2019

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: _____

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