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Nicotine Replacement Therapy Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004

Provider Help Desk 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____ Patient ID #: _____ Patient DOB: _____ Date of Rx: _____ Patient phone #: _____ Patient email address: _____	Prescribing physician: _____ Physician address: _____ Physician phone #: _____ Physician fax #: _____ Physician specialty: _____ Physician DEA: _____ Physician NPI #: _____ Physician email address: _____
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3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

			Specify: _____
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7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior Authorization is required for over-the-counter nicotine replacement patches, nicotine gum, or nicotine lozenges, and prescription nicotine nasal spray or nicotine inhaler. Requests for authorization must include: 1) Diagnosis of nicotine dependence and referral smoking cessation program for counseling. 2) Confirmation of enrollment in a smoking cessation counseling program is required for approval. 3) Approvals will only be granted for patients eighteen years of age and older. 4) The maximum allowed duration of therapy is twelve weeks total combined therapy within a twelve-month period. 5) Patients may receive nicotine replacement patches in combination with one of the oral nicotine replacement products (gum or lozenges). A maximum quantity of 14 nicotine replacement patches and 110 pieces of nicotine gum or 144 nicotine lozenges may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and 330 pieces of nicotine gum or 288 nicotine lozenges. Following the first 28

days of therapy, continuation is available only with documentation of ongoing participation in a smoking cessation program. 6) Requests for non-preferred nicotine replacement products will be considered after documentation of previous trials and intolerance with a preferred oral and preferred topical nicotine replacement product. A maximum quantity of 168 nicotine inhalers or 40ml nicotine nasal spray may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at 336 nicotine inhalers or 80ml of nicotine nasal spray. 7) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation.

Preferred:

Nicotine Patches; 21mg/24 Hour Patch 14mg/24 Hour Patch 7mg/24 Hour Patch
Nicotine Gum; 2mg 4mg **Nicotine Lozenge;** 144 Count Box Strength: 2mg 4mg

Non-Preferred: Nicotrol Inhaler Nicotrol Nasal Spray

Diagnosis:

Is the member is enrolled in smoking cessation program? Yes No

Is the member 18 years of age or older? Yes No

What is the duration of therapy? _____

If requesting non-preferred product, please include documentation of a preferred oral and topical nicotine replacement product including drug names, strength, exact date ranges and intolerance reasons:

Is this request for new therapy for continuation of therapy? _____

Has documentation of ongoing participation in a smoking cessation counseling program been provided for continuation of therapy?

9. Physician signature

Prescriber or authorized signature _____
Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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