



Please note: All information below is required to process this request

For urgent requests please call 1-800-711-4555

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

For real time submission 24/7 visit www.OptumRx.com and click Health Care Professionals

OptumRx • M/S CA 106-0286 • 3515 Harbor Blvd. • Costa Mesa, CA 92626

Smoking Cessation Products Prior Authorization Request Form

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
Continuation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Directions for Use:	

Clinical Information (required)								
<p>Your patient's pharmacy benefit program is administered by UnitedHealthcare, which uses OptumRx for certain pharmacy benefit services. Your patient's benefit plan requires that we review certain requests for coverage with the prescribing physician. This includes requests for benefit coverage beyond plan specifications. Please complete the following questions and then fax this form to the toll free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the benefit plan's rules.</p> <p>Select the requested drug below:</p> <p><input type="checkbox"/> Chantix <input type="checkbox"/> Nicotrol NS <input type="checkbox"/> Nicotrol Inhaler <input type="checkbox"/> Habitrol-OTC <input type="checkbox"/> Nicoderm CQ-OTC <input type="checkbox"/> Nicorette gum</p> <p><input type="checkbox"/> Nicorette lozenge-OTC <input type="checkbox"/> Nicorette mini lozenge-OTC <input type="checkbox"/> Zyban</p> <p>Select the diagnosis below:</p> <p><input type="checkbox"/> Smoking or tobacco cessation</p> <p><input type="checkbox"/> Other diagnosis: _____</p> <p>Select the medications the member has a failure, contraindication, or intolerance to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Bupropion</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Nicorette lozenge-OTC</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Habitrol- Over-the-counter (OTC)</td> <td style="border: none;"><input type="checkbox"/> Nicorette mini-lozenge-OTC</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nicoderm CQ-OTC</td> <td style="border: none;"><input type="checkbox"/> Thrive gum-OTC</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nicorette gum</td> <td style="border: none;"><input type="checkbox"/> Thrive lozenge-OTC</td> </tr> </table> <p>Behavioral support program:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Will the member be participating in a smoking cessation behavioral support program for the duration of therapy?</p> <p>For Zyban and Chantix, also answer the following:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the member receiving another form of bupropion?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the member receiving other smoking cessation products?</p> <p>For Nicotine products, also answer the following:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Will the member be receiving other nicotine replacement products in combination? If yes, please select the nicotine replacement product that the member will receive concomitantly:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Nicotrol NS (nicotine nasal spray) and a nicotine transdermal system (Habitrol-OTC or Nicoderm CQ-OTC)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Nicorette gum (nicotine polacrilex) and a nicotine transdermal system (Habitrol-OTC or Nicoderm CQ-OTC)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other combinations products used (Please specify): _____</p>	<input type="checkbox"/> Bupropion	<input type="checkbox"/> Nicorette lozenge-OTC	<input type="checkbox"/> Habitrol- Over-the-counter (OTC)	<input type="checkbox"/> Nicorette mini-lozenge-OTC	<input type="checkbox"/> Nicoderm CQ-OTC	<input type="checkbox"/> Thrive gum-OTC	<input type="checkbox"/> Nicorette gum	<input type="checkbox"/> Thrive lozenge-OTC
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<input type="checkbox"/> Nicoderm CQ-OTC	<input type="checkbox"/> Thrive gum-OTC							
<input type="checkbox"/> Nicorette gum	<input type="checkbox"/> Thrive lozenge-OTC							

<p>Reauthorization (Chantix only):</p> <p>If this is a reauthorization request, please answer the following question:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the member continue to abstain from smoking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the member continue to participate in a smoking cessation behavioral support therapy program?</p>
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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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