

Step Therapy -Smoking Cessation Agents (Chantix)

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's First Name:
Date of Birth:
Contact Person:
Office Fax:
Diagnosis:
Is this a continuation of therapy? Yes No

	SECT	ION A	Please answer the following questions
1.	θYes	θ Νο	Is the member currently taking the requested medication?
2.	θ Yes	θ Νο	Is the member stabilized on the current drug and does the member have a high risk of significant adverse clinical outcome with a medication change?
3.	θYes	θ Νο	Has the member tried bupropion 150mg sustained-release (bupropion HCL 150mg SR) for the current condition? (If "Yes", skip question 4)
4.	θ Yes	θ Νο	Is bupropion 150mg sustained-release (bupropion HCL 150mg SR) likely to be ineffective or likely to cause an allergy/adverse reaction or other harm to the member?

ation important to this review:	Please document the symptoms and/or any
	SECTION B Physician Signature
DATE	PHYSICIAN SIGNATURE
DATE	

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Step Therapy criteria online at http://www.scanhealthplan.com