

# CHANTIX (MEDICARE DETERMINATION)

## PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross<sup>®</sup> BlueShield<sup>®</sup> of South Carolina

Patient Information	
Name:	Insurance ID #:
Address:	Birthdate:

Provider Information	
Physician Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

### When this form is complete, please fax to Caremark at 888-836-0730.

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Does the patient required treatment for tobacco cessation?  Y  N
2. Is the patient currently participating in a behavioral tobacco cessation program (e.g., stop smoking help line, tobacco cessation help group, 1-800-QUIT-NOW)?  Y  N
3. Is the patient currently taking Zyban (bupropion)?  
[If the answer to question is no, skip to question 5.]  Y  N
4. Will Zyban be discontinued while patient is taking Chantix?  Y  N
5. Is the patient currently taking Chantix?  
[If the answer to this question is no, skip to question 7.]  Y  N
6. Has the patient's treatment, including the use of Chantix, resulted in tobacco cessation?  Y  N
7. Will the patient be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation and suicidal behavior while taking Chantix?  Y  N

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**Comments:** \_\_\_\_\_

*Information on this form is accurate as of the date below.*

<b>Prescriber's Signature:</b>	<b>Date:</b>
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