

Sterling Retiree Rx Prior Authorization Form

NICOTINE

Coverage Criteria / Required Medical Information

- A. Documentation that the patient has stopped smoking before starting medication.
- B. Documentation that the patient is enrolled in a smoking cessation program.

Coverage Duration:

3 months

Exclusion Criteria:

nonsmokers; during immediate post-MI period; life-threatening arrhythmias; severe or worsening angina pectoris

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physician Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

NICOTINE	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage		
Formulary Alternative(s) Attempted?	Yes:		No:
Please List Alternative Formulary Drugs			

Comments

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Physician Signature: _____ **Fax Form to 1-866-481-3704**