



Medicare Part D – 2014

Prior Authorization Group Description

CHANTIX

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Patient is concurrently enrolled in a behavior modification program. MAINTENANCE REQUESTS: Approve as requested.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria: