

Provide a brief description of the effectiveness of the pharmacologic therapy prescribed for the current quit attempt thus far.

Provide the reason an extended course of therapy is required for this patient to successfully quit tobacco.

Provide a brief assessment of the patient's readiness to quit tobacco.



Attestation: Your signature (manually or electronically) certifies that the above request is medically necessary, does not exceed the medical needs of the member, and is documented in your medical records. Medical/Pharmacy records must be made available upon request.

Check here for electronic signature

Prescriber of Pharmacist Signature

Date:
(MM/DD/YYYY)