



**Rational Drug Therapy Program**  
**PO Box 9511 HSCN, WVU School of Pharmacy**  
**Morgantown, WV 26505**

**Phone 1-800-847-3859** *www.hsc.wvu.edu/sop/rdtp*

**FAX: 1-800-531-7787**

**SMOKING CESSATION THERAPY AUTHORIZATION FORM**

Patient Name (Last)	(First)	(MI)	Medicaid ID number	Date of Birth:
Physician Name: (Last)			(First)	//

**Please check all the products that are approved, document the number of units/day being prescribed (where applicable), the # days therapy and the start date of each therapy needed (maximum of 90):**

Check	Type of Product	Max.#Units/Day	# of Days Approved	Therapy Start Date
<b>Gum Products</b>				
	Nicotine Gum 2mg	24		
	Nicotine Gum 4mg	24		
<b>Topical Patches</b>				
	Nicotine Patch 21mg/24hr	1		
	Nicotine Patch 14mg/24hr	1		
	Nicotine Patch 7mg/24hr	1		
<b>Lozenges</b>				
	Nicotine Lozenges 2mg	20		
	Nicotine Lozenges 4mg	20		
<b>Oral Tablets</b>				
	Bupropion SA Tablet 150mg	2		
<b>Chantix</b>				
	Chantix (Varenicline) [Starter]	1		
	Chantix (Varenicline) [1mg Dose Pak]	1		
	Chantix (Varenicline) 0.5mg [30 day]	1		
	Chantix (Varenicline) 1mg [30 day]	1		
<b>Nicotine Nasal Spray and Inhaler: (Can not be approved without documented failure of above products)</b>				
	Nicotine Cartridge Inhaler	6		
	Nicotine NS 10mg/ml	1.5ml/day		

Notes: 1)Data Entry by RDTP into the WV Medicaid system will be exactly as ordered on this form. 2)Therapy days will be entered as continuous days of therapy. (e.g. 42 days of 21mg patch starting on May 1 will end on June 11th, next order of 14 days of the 14mg Patch will start on June 12th and end on June 25th etc).

Partners in Corporate Health, Inc.  
 Tobacco Quit Line  
[www.ynotquit.com](http://www.ynotquit.com)

1-877-YNOTQUIT (1-877-966-8784)  
 Fax: 304-755-0043

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