



# Wellbutrin<sup>®</sup> (Bupropion) Prior Authorization Request

**Fax completed form to (816) 271-1266**  
or mail to 137 North Belt Highway, St. Joseph, MO 64506

Questions? Call (816) 271-4019 or (800) 447-5819.

## Patient Information:

Name: \_\_\_\_\_ CHP Member ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Female  Male

What is the member's diagnosis?

- Smoking Cessation
- Depression
- Weight Loss
- Other (please specify): \_\_\_\_\_

What medication is being requested?

Drug Name	Strength	Dose

## Provider Information:

Prescriber's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Requesting Prescriber's Signature: \_\_\_\_\_

**Coverage Policy:** Community Health Plan will cover the cost of Wellbutrin<sup>®</sup> or generic bupropion for the management of depression. Wellbutrin<sup>®</sup> or generic bupropion is not eligible for reimbursement if used as part of a smoking cessation or weight loss regimen.

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