



TeamstersCare Chantix® (smoking cessation medication) Coverage

Effective September 1, 2012

The TeamstersCare Board of Trustees has authorized an improvement in coverage of ***Chantix® - a prescription medication used to treat smoking addiction***. Active and retiree members, along with their dependents, who are ***eligible for prescription drug benefits with TeamstersCare***, and ***want to quit smoking***, can now get ***Chantix®*** at one of the ***TeamstersCare pharmacies or through Medco/Express Scripts mail order***.* You can obtain Chantix® by following the steps listed below:

- Contact your medical provider and request two (2) prescriptions, one ***for a Chantix® starter pack*** and another ***separate prescription for 2 months of Chantix® continuing pack***, which totals a twelve-week supply of Chantix®
- Fill the prescriptions at a TeamstersCare pharmacy or through Medco/Express Scripts mail order (Chantix® is not covered at a retail pharmacy)
- Submit a copy of your itemized prescription receipt along with a completed claim form to TeamstersCare and we will reimburse you the copayment cost**
- If a second twelve-week course is needed, you must obtain another prescription from your medical provider. Again, fill the prescription at a TeamstersCare pharmacy or through mail order from Medco/Express Scripts and submit the second copayment to TeamstersCare for reimbursement**

*Note: The maximum TeamstersCare coverage for Chantix® is two (2) twelve-week courses in a twelve-month period. Chantix® is not covered at a retail pharmacy.

** All prescription copayment reimbursement requests must be received within twelve months of the date your prescriptions were filled.

To obtain reimbursement, complete and return the TeamstersCare Chantix® Copayment Reimbursement Claim Form located on page 2 of this letter.

Questions? Call the Charlestown TeamstersCare Pharmacy at 617-241-9024 or the Stoughton TeamstersCare Pharmacy at 781-297-9764.

TeamstersCare Chantix® Copayment Reimbursement Claim Form Instructions

1. Please complete **all** sections of the claim form and be sure to **sign** and **date** the form. The form must be received within twelve months of the date your prescriptions were filled.
2. Attach legible ***copies of your itemized prescription receipts (cancelled checks, cash register receipts or charge card receipts are not valid)***. Keep your original receipts and proof of payment for your records.
3. The prescription receipts must include:
 - Patient name and medication name,
 - Prescribing provider’s name,
 - Date of purchase,
 - Prescription RX number, and
 - Total charge for the prescription, including your copayment amount
4. **Send the completed form with receipts** to TeamstersCare Member Services at 16 Sever Street, Charlestown, MA 02129-1305. Keep a copy of the form for your records.

TeamstersCare Chantix® Copayment Reimbursement Claim Form

Member Name: _____
Last 4 Digits of Social Security Number: xxx-xx-_____
Address: _____
Home Phone: _____ Cell Phone: _____
Patient Name: _____ Patient Date of Birth: _____
Member Signature: _____

CLAIM INFORMATION

Prescription Name	Prescribing Provider’s Name	Purchase Date	Copay Amount
Chantix®			
Chantix®			

TeamstersCare Office Use Only
Eligible for TeamstersCare Pharmacy Prescriptions: _____