

MEDICATION POLICY: Smoking Deterrents



Generic Name: Smoking Deterrents

Therapeutic Class or Brand Name: Smoking Deterrents

Applicable Drugs (if Therapeutic Class):

Bupropion (smoking deterrent) SR (generic), Chantix® (varenicline), Nicotine Gum (generic), Nicotine Lozenge (generic), Nicotine Patch (generic), Nicotrol® (nicotine inhalation system), Nicotrol® NS (nicotine nasal spray), and all other branded products not listed.

GPI Code: 6210000210, 6210000500, 6210001000, 6210008020

Preferred: Bupropion (smoking deterrent) SR (generic), Chantix® (varenicline), Nicotine Gum (generic), Nicotine Lozenge (generic), and Nicotine Patch (generic).

Non-preferred: Nicotrol® (nicotine inhalation system), Nicotrol® NS (nicotine nasal spray), and all other branded products not listed.

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 2/6/2019

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of Nicotine dependence.
- II. Minimum age requirement: 18 years old.
- III. Non-preferred products require a documented trial and failure of, intolerance to, or contraindication to at least TWO preferred products.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity of all products is limited to a maximum of a 30-day supply per fill.

APPROVAL LENGTH

- **Authorization:** Up to two 90-day treatment regimens per year.
- **Re-Authorization:** N/A

APPENDIX

N/A

REFERENCES

1. Medi-Span®.
2. <http://labeling.pfizer.com/showlabeling.aspx?id=557> .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
2/6/2019	1. Policy reviewed: no changes made.
1/4/2018	1. Policy reviewed: no changes made.
10/9/2016	1. Removed "http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_033912.pdf", "https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Chantix.pdf", and "http://www.connecticare.com/provider/PDFs/Pharmacy/Chantix.pdf" under References (links no longer valid).
8/20/2015	<ol style="list-style-type: none"> 2. Changed Applicable Drugs from "Chantix® (varenicline), Nicorette® (nicotine), Nicoderm® (nicotine transdermal), Nicorelief® (nicotine), Commit® (nicotine), Nicotine Gum, Nicotine Patch, and Nicotrol® (nicotine)" to "Preferred, no prior authorization required: Bupropion (smoking deterrent) SR (generic), Chantix® (varenicline), Nicotine Gum (generic), Nicotine Lozenge (generic), and Nicotine Patch (generic); Non-Preferred: Nicotrol® (nicotine inhalation system), Nicotrol® NS (nicotine nasal spray), and all other branded products not listed". 3. Added "6210000210" to list following GPI Code. 4. Added "III. Non-preferred products require a documented trial and failure of, intolerance to, or contraindication to at least TWO preferred products" under Prior Authorization Criteria. 5. Changed Authorization under Approval Length from "Initial approval will be granted for a 1 month supply which at that time the member will be notified of the requirement to join a smoking cessation program with instructions for submitting documentation of that program" to "Up to two 90-day treatment regimens per year". 6. Changed Re-Authorization under Approval Length from "An additional 2 months of therapy will be approved once documentation is received of the member's participation in a smoking cessation program. If treatment beyond 3 months is required, the physician must submit a prior authorization request for continuation. Only 1 month of treatment without documentation of a program will be granted per year" to "N/A". 6. Added "http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_033912.pdf" under References. 7. Updated "http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Chantix.pdf" to "https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Chantix.pdf" under References.

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1/15/2014	<ol style="list-style-type: none">1. Adapted policy to new format.2. Added GPI codes.3. Changed Quantity Limits/Days Supply Restrictions from "Nicotrol® NS: 4 inhalers per 30 days; The quantity of all products is limited to a maximum of a 30 day supply per fill" to "The quantity of all products is limited to a maximum of a 30 day supply per fill".4. Updated references to include Medi-Span and Chantix® package insert.
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.