

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	NA	X	NA	NA	NA	X	NA

Smoking Cessation

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial approval: 3 months per quit attempt. Continued use: An additional 3 month approval for individuals who have successfully stopped smoking at the end of 12 weeks will be considered with a prior authorization request. The maximum duration of approvable therapy per quit attempt is 24.

Medications	Quantity Limit
Chantix (varenicline)* 0.5mg, 1mg tablets Starter Pak	May be subject to quantity limit
Nicotrol Inhaler (nicotine inhaler)* Each cartridge containing 10 mg (4 mg is delivered) nicotine	
Nicotrol Nasal Spray (nicotine nasal spray)* Nicotine 0.5mg/1actuation	
Zyban (bupropion SR)* 150mg sustained-release tablet	

***Non-Preferred agents: Chantix, Nicotrol Inhaler, Nicotrol Nasal Spray, Zyban**

***Kentucky Medicaid – See State Specific Mandates**

***Nevada Medicaid – See State Specific Mandates**

***New York Medicaid - See State Specific Mandates**

***South Carolina Medicaid-See State Specific Mandates**

APPROVAL CRITERIA

Requests for a smoking cessation medication may be approved for individuals who meet the following criteria:

- I. Individual has a diagnosis of nicotine dependence;

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AND

II. Individual is 18 years of age or older;

AND

III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one of the following agents for smoking cessation:

- A. Bupropion; **OR**
- B. Bupropion SR; **OR**
- C. Nicotine gum; **OR**
- D. Nicotine patches; **OR**
- E. Nicotine lozenges.

State Specific Mandates		
State	Date effective	Mandate details (including specific bill if applicable)
South Carolina	7/01/2017	<ul style="list-style-type: none"> • Medicaid Bulletin #17-010 <ul style="list-style-type: none"> ○ No Prior Authorization allowed for smoking cessation products <ul style="list-style-type: none"> ▪ Bupropion for tobacco use ▪ Varenicline ▪ Nicotine gum ▪ Nicotine lozenge ▪ Nicotine nasal spray ▪ Nicotine inhaler ▪ Nicotine patch
Nevada	7/01/2017	<ul style="list-style-type: none"> • No Prior Authorization or Step Therapy allowed for smoking cessation products
Kentucky	6/29/2017	<ul style="list-style-type: none"> • KY SB89 <ul style="list-style-type: none"> ○ No Prior Authorization or Step Therapy allowed for smoking cessation products
New York	12/01/16	<ul style="list-style-type: none"> • NY HARP: <ul style="list-style-type: none"> ○ No quantity limits or duration of use limitations ○ No Prior Authorization for Chantix, Nicotrol NS and Nicotrol Inhaler

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		<ul style="list-style-type: none"> • NY CHIP, TANF, SSI, WNY <ul style="list-style-type: none"> ○ Only quantity limits for smoking cessation agents ○ No duration of use limitations ○ No Prior Authorization for Chantix, Nicotrol NS and Nicotrol Inhaler
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Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 6, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation. December 2012. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/prescrib.html>. Accessed September 6, 2019.
6. Ebbert JO, Hatsukami DK, Croghan IT, et.al. Combination varenicline and bupropion SR for tobacco-dependence treatment in cigarette smokers: a randomized trial. *JAMA*. 2014 Jan 8; 311(2):155-63.
7. Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK63952/>. Accessed September 6, 2019.
8. Koegelenberg CF, Noor F, Bateman ED, et.al. Efficacy of varenicline combined with nicotine replacement therapy vs varenicline alone for smoking cessation: a randomized clinical trial. *JAMA*. 2014 Jul;312(2): 155-61.
9. Rigotti NA. Pharmacotherapy for smoking cessation in adults. UpToDate. Last updated July 9, 2019. Accessed September 6, 2019.
10. Siu ALA. Annals of internal medicine: Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. *American College of Physicians*; 10/2015;163:622.

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