

Smoking Cessation Products
 Approved by Pharmacy and Therapeutics committee
 February 2nd 2016

Nicotine Replacement

Nicotrol (Inhaler and Nasal Spray)		
1. Is the member being treated for an OHP funded condition?	Yes: Move to #2	No: Category 1 denial.
2. Is the medication being used for smoking cessation?	Yes: Move to #3	No: Category 3 denial.
3. Has the member tried and failed or have a contraindication to preferred formulary options: Nicotine gum, nicotine patches and nicotine lozenges? <i>A minimum of 6 weeks is required for each quit attempt.</i>	Yes: Move to #4	No: Send to MD for medical appropriateness (Cat 5 evaluation)
4. Is the medication prescribed within FDA approved dosing: <ul style="list-style-type: none"> Nicotine Inhaler: 16 cartridges maximum per day Nicotine Nasal spray: 40 doses per day (80 sprays) 	Yes: <u>Nicotine Inhaler:</u> Approve for 6 months (up to 2,880 cartridges) <u>Nicotine Nasal Spray:</u> Approve for 3 months: up to 36 bottles per 90 days	No: Category 3 denial
Nicotrol Nasal Spray Renewal		
1. Has member exceeded 2 quit attempts per 12 month period	No: Approve for 3 months: up to 36 bottles per 90 days	Yes: Send to Medical Director for medical appropriateness (Cat 5 evaluation)

Bupropion SR (Zyban)

Bupropion SR (Zyban)		
1. Is the member being treated for an OHP funded condition?	Yes: Move to #2	No: Category 1 denial.
2. Is the medication being used for smoking cessation?	Yes: Move to #3	No: Category 3 denial.
3. Is the pharmacy running the NDC for equivalent to Zyban? <ul style="list-style-type: none"> Will reject as PA required in MedImpact 	Yes: Move to #4	No: Call pharmacy for billing to DMAP benefit; PA not required.
4. Has the member exceeded 2 quit attempts per 12 month period?	No: Approve for up to 6 months to allow for maximum of 2 quit attempts per 12 month period	Yes: Send to Medical Director for medical appropriateness (Cat 5 evaluation)