

## Nicotrol Nasal Spray and Nicotrol Inhaler

1. Is the member being treated for an OHP funded condition?
  - a. Yes; Move to question 2
  - b. No; Deny Category 1: Not a covered benefit.
2. Is the medication being used for smoking cessation?
  - a. Yes; Move to question 3
  - b. No; Deny Category 3: Not a covered benefit. Nicotine replacement products are indicated as an aid to smoking cessation for the relief of nicotine withdrawal symptoms
3. Has the member tried and failed or have a contraindication to preferred formulary options: Nicotine gum, nicotine patches and nicotine lozenges? *A minimum of 6 weeks is required for each quit attempt*
  - a. Yes; Move to question 4
  - b. No; Deny category 5: Provider submitted documentation does not indicate that member has tried and failed, or has a contraindication to, preferred treatment options.
4. Is the medication prescribed within FDA approved dosing:
  - a. Nicotine Inhaler: 16 cartridges maximum per day: Approve for 6 months (up to 2,880 cartridges
  - b. Nicotine Nasal spray: 40 doses per day (80 sprays): Approve for 3 months: up to 36 bottles per 90 days

## Nicotrol Nasal Spray Renewal Criteria

1. Has member exceeded 2 quit attempts per 12 month period?
  - a. No; Approve for 3 months: up to 36 bottles per 90 days.
  - b. Yes; Deny category 5

## Bupropriion SR 150mg tablets (Zyban)

1. Is the member being treated for an OHP funded condition?
  - a. Yes, Move to question 2
  - b. No; Deny category 1 denial: Not a covered benefit.
2. Is the medication being used for smoking cessation?
  - a. Yes; Move to question 3
  - b. No; Deny category 3: Not a covered benefit: the generic equivalent to Zyban is only indicated for smoking cessation.
3. Is the pharmacy running the NDC for equivalent to Zyban (will reject as PA required in MedImpact)?
  - a. Yes; Approve x 12 months
  - b. No; Call pharmacy for billing to DMAP benefit; PA not required.