

Single Source Brand Smoking Cessation Products

POLICY NUMBER: RX.PA.189.E

REVISION DATE: 02/16

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This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drugs, single source brand smoking cessation products, are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. Automatic coverage:

- Must have documented pharmacy claim history of prior therapy with a generic nicotine replacement product or bupropion SR (Zyban)

2. Members without claims history:

- Must have documentation indicating that the member has tried and failed a generic nicotine replacement product or bupropion SR (Zyban) for the purpose of smoking cessation

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	Same as initial OR Up to <time frame>
Quantity Level Limit	
Smoking Cessation Products	<ul style="list-style-type: none">• Up to 12 weeks (24 weeks for inhalers) at a time• 2 quit attempts per 365 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES



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1. Chantix [prescribing information]. New York, NY: Pfizer, Inc; December 2012.
2. Nicotrol® Inhaler [prescribing information]. New York, NY: Pfizer, Inc; December 2008.
3. Nicotrol® NS [prescribing information]. New York, NY: Pfizer, Inc; January 2010.
4. Zyban [prescribing information]. Greenville, NC: GlaxoSmithKline Research Triangle Park or DSM Pharmaceuticals, Inc; January 2012.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review and criteria update</i>	<i>02/17, 02/18</i>

