



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2018 P 2045-8
Program	Prior Authorization/HCR- Tobacco Cessation - Health Care Reform
Medication	Bupropion SR (generic Zyban), Chantix (varenicline), nicotine gum (e.g. Nicorette), nicotine lozenge (e.g. Nicorette), nicotine patch (e.g. Nicoderm CQ), Nicotrol Inhaler (nicotine inhalation system), and Nicotrol NS (nicotine nasal spray)
P&T Approval Date	10/2014, 2/2015, 10/2015, 5/2016, 11/2016, 5/2017, 5/2018, 9/2018
Effective Date	1/1/2019; Oxford only: 1/1/2019

**1. Background:**

Tobacco cessation therapies are more likely to be successful for patients who are motivated to stop tobacco use and who are provided additional advice and support. Patients should be provided with appropriate educational materials and counseling to support the quit attempt. The patient should set a quit date.

This program is designed to meet Health Care Reform requirements for tobacco cessation coverage at zero dollar cost share.

**2. Coverage Criteria\*:**

**A. Bupropion SR (generic Zyban)<sup>a</sup>**

**1. Initial Authorization**

a. **Bupropion SR (generic Zyban)** will be approved based on **all** of the following criteria:

(1) Patient is 18 years of age or older<sup>b</sup>

**-AND-**

(2) Treatment is being requested for tobacco cessation

**-AND-**

(3) Patient has received any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

- (4) Patient is **NOT** currently taking Chantix (or if currently being used will be discontinued prior to start of bupropion)

**Authorization will be issued for zero copay with deductible bypass for 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

## **2. Reauthorization**

- a. **Bupropion SR (generic Zyban)** will be approved based on both of the following criteria:

- (1) Patient continues to receive any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

- (2) Patient is **NOT** currently taking Chantix

**Authorization will be issued for zero copay with deductible bypass for an additional 3 months per 12 month period<sup>c</sup>**

## **B. Nicotine gum (e.g. Nicorette, Thrive), nicotine lozenge (e.g. Commit, Nicorette) or nicotine patch (e.g. Nicoderm CQ)<sup>d</sup>**

### **1. Initial Authorization**

- a. **Nicotine gum (e.g. Nicorette), nicotine lozenge (e.g. Nicorette) or nicotine patch (e.g. Nicoderm CQ)** will be approved based on **all** of the following criteria:

- (1) Patient is 18 years of age or older<sup>b</sup>

**-AND-**

- (2) Treatment is being requested for tobacco cessation

**-AND-**

- (3) Patient has received any form of tobacco cessation information or

counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

- (4) Patient is **NOT** currently taking Chantix (or if currently being used will be discontinued prior to start of nicotine replacement)

**Authorization will be issued for zero copay with deductible bypass for 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

## **2. Reauthorization**

- a. **Nicotine gum (e.g. Nicorette), nicotine lozenge (e.g. Nicorette) or nicotine patch (e.g. Nicoderm CQ)** will be approved based on **both** of the following criteria:

- (1) Patient continues to receive any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

- (2) Patient is **NOT** currently taking Chantix

**Authorization will be issued for zero copay with deductible bypass for an additional 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

## **C. Chantix (varenicline)**

### **1. Initial Authorization**

- a. **Chantix** will be approved based on **all** of the following criteria:

- (1) Patient is 18 years of age or older<sup>b</sup>

**-AND-**

(2) Treatment is being requested for tobacco cessation

**-AND-**

(3) Patient has received any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

(4) **All** of the following:

(a) History of failure, contraindication, or intolerance to **one** of the following:

- i. Nicotine replacement patches OTC (e.g. Nicoderm CQ-OTC)
- ii. Nicotine gum OTC (e.g. Nicorette gum- OTC)
- iii. Nicotine lozenge or mini-lozenge OTC (e.g. Nicorette lozenge- OTC)

**-AND-**

(b) Patient is **NOT** currently taking nicotine replacement therapy (or if currently being used will be discontinued prior to start of Chantix)

**-AND-**

(c) History of failure, contraindication, or intolerance to bupropion

**-AND-**

(d) Patient is **NOT** currently taking bupropion for tobacco cessation (or if currently being used will be discontinued prior to start of Chantix)

**Authorization will be issued for zero copay with deductible bypass for 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

## **2. Reauthorization**

a. **Chantix** will be approved based all of the following:

Patient continues to receive any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

(2) Patient is **NOT** currently taking nicotine replacement therapy

**-AND-**

(3) Patient is **NOT** currently taking bupropion for tobacco cessation

**Authorization will be issued for zero copay with deductible bypass for an additional 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

#### **D. Nicotrol NS or Nicotrol Inhaler**

##### **1. Initial Authorization**

a. **Nicotrol NS or Nicotrol Inhaler** will be approved based on **all** of the following criteria:

(1) Patient is 18 years of age or older<sup>b</sup>

**-AND-**

(2) Treatment is being requested for tobacco cessation

**-AND-**

(3) Patient has received any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

(4) History of failure, contraindication, or intolerance to **one** of the following:

(a) Nicotine replacement patches OTC (e.g. Nicoderm CQ-OTC)

(b) Nicotine gum OTC (eg Nicorette gum- OTC)

(c) Nicotine lozenge or mini-lozenge OTC (e.g. Nicorette lozenge-OTC)

**-AND-**

- (5) History of failure, contraindication, or intolerance to bupropion (generic Zyban)

**-AND-**

- (6) Patient is **NOT** currently taking Chantix (or if currently being used will be discontinued prior to start of Nicotrol)

**Authorization will be issued for zero copay with deductible bypass for 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

## **2. Reauthorization**

- a. **Nicotrol NS** or **Nicotrol Inhaler** will be approved based on **both** of the following criteria:

- (1) Patient continues to receive any form of tobacco cessation information or counseling<sup>d</sup> (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)

**-AND-**

- (2) Patient is **NOT** currently taking Chantix

**Authorization will be issued for zero copay with deductible bypass for an additional 3 months per 12 month period. Maximum coverage is 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period<sup>c</sup>**

\* Review not required for plans situated in the state of California

<sup>a</sup> Not applicable to plans situated in the state of Indiana, Louisiana, Massachusetts, New Mexico and Oregon.

<sup>b</sup> Age is 15 years or older for plans situated in the state Oregon

<sup>c</sup> Pharmacist review is required for more than 2 cycles per 12 month period. One cycle is defined as more than 1 month of medication. If only one month of medication is filled, 2 additional cycles of medication may be authorized in the 12 month period

<sup>d</sup> Not applicable to plans situated in the State of Oregon

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Nicotrol NS prescribing information. New York, NY. Pharmacia and Upjohn Company LLC. October 2015.
2. Nicotrol Inhaler prescribing information. New York, NY. Pharmacia and Upjohn Company LLC. June 2017.
3. Zyban prescribing information. Research Triangle Park, NC. GlaxoSmithKline. May 2017.
4. Chantix prescribing information. New York, NY. Pfizer, Inc. October 2014.
5. US Department of Health and Human Services. Clinical practice guideline for treating tobacco use and dependence: 2008 Update. Washington, DC: US Department of Health and Human Services;.Am J Prev Med 2008;35(2)
6. Steinberg MB, Greenhaus S, Schmelzer AC, Bover MT, Foulds J, Hoover DR, et al. Triple-Combination Pharmacotherapy for Medically Ill Smokers: A Randomized Trial. Ann Intern Med. 2009;150:447-454.
7. Rigotti NA. Strategies to Help a Smoker Who is Struggling to Quit. JAMA. 2012, 308(15);1573-1580.

Program	Prior Authorization/-HCR- Tobacco Cessation- Health Care Reform
<b>Change Control</b>	
Date	Change
10/2014	New program
2/2015	Policy renamed from Smoking Cessation to Tobacco Cessation. Administrative changes.
10/2015	Annual review. Updated references. Updated criteria for Chantix to allow for coverage if currently using bupropion for an indication other than tobacco cessation.
1/2016	Administrative update for California requirements.
5/2016	Update for Massachusetts and Oregon requirements. Medication names updated for OTC products to generics.
11/2016	Update for Indiana, Louisiana and New Mexico requirements.
5/2017	Removed Habitrol from first line options - product no longer available.
5/2018	Annual Review. Updated references.
9/2018	Removed Commit and Thrive as examples of therapy. Brand names off the market. Revised language around concomitant use and tobacco cessation requirements.