UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 4005-2
Program	Health Care Reform Tobacco Cessation – Supply Limit (Therapy Duration) Override – Kentucky Fully Insured
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	8/2017, 9/2018
Effective Date	1/1/2019; Oxford only: N/A

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 and Kentucky state mandates for tobacco cessation coverage at zero dollar cost share. Kentucky requires coverage of two quit attempts, defined as 180 days of therapy, in a 12 month period without implementation of any utilization management program. Once a member has received coverage for 180 days of tobacco cessation therapy, including any combination of products, coverage of continued therapy will be required to meet the below coverage criteria.

Coverage for continuation of Chantix will bypass step therapy requirement if the member is currently on therapy without having undergone utilization management review.

2. Coverage Criteria for Continuation of Tobacco Cessation Therapy:

A. Bupropion SR (generic Zyban)

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

-AND-

(2) Treatment is being requested for tobacco cessation

-AND-

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

Authorization will be issued for zero copay with deductible bypass for 3 months.

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 (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.

B. Nicotine gum (e.g. Nicorette), nicotine lozenge (e.g. Nicorette) or nicotine patch (e.g. Nicoderm CQ)

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

-AND-

(2) Treatment is being requested for tobacco cessation

-AND-

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

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 (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.

C. Chantix (varenicline)

1. **Patients new to therapy (not currently on Chantix in the past 90 days as evidenced by claims)**

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

(1) Patient is 18 years of age or older

-AND-

(2) Treatment is being requested for tobacco cessation

-AND-

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

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

-AND-

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

-AND-

(7) 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.

2. Patients Established on Therapy (Patient has been on medication within the

past 90 days as evidenced by claims)

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

(1) Patient continues to receive any form of tobacco cessation information or counseling (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 (or if currently being used will be discontinued prior to start of Chantix)

-AND-

(3) 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 an additional 3 months.

D. Nicotrol NS or Nicotrol Inhaler

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

a. Patient is 18 years of age or older

-AND-

b. Treatment is being requested for tobacco cessation

-AND-

c. Patient has received any form of tobacco cessation information or counseling (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-

d. History of failure, contraindication, or intolerance to **one** of the following:

(1) Nicotine replacement patches OTC (e.g.Nicoderm CQ-OTC)
(2) Nicotine gum OTC (eg Nicorette gum- OTC)
(3) Nicotine lozenge or mini-lozenge OTC (e.g. Nicorette lozenge-OTC)

-AND-

e. History of failure, contraindication, or intolerance to bupropion (generic Zyban)

-AND-

f. 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.

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. Pfizer, Inc. October 2015.
2. Nicotrol Inhaler prescribing information. New York, NY. Pfizer, Inc. 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	HCR Tobacco Cessation Health Care Reform – Supply Limit (Therapy Duration) Override – Kentucky Fully Insured
Change Control	
Date	Change
8/2017	New program.

9/2018	Removed Commit and Thrive as examples of therapy. Brand names off the market. Revised language around concomitant use.