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Tobacco Cessation Drug Use Criteria

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Includes:

Zyban SR 150mg (Bupropion SR 150mg tablets)
Chantix (Varenicline 0.5mg and 1mg tablets)
Nicotine Inhaler
Nicotine Nasal Spray

Please Note: Nicotine patches, nicotine gum, and nicotine lozenges are available on the Advanced Health formulary without a prior authorization for up to two quit attempts per year as outlined by the Oregon Health Authority Cigarette Smoking Prevalence (Bundled Measure). See Minimum Quantities Table below. For additional information on the Tobacco Cessation metric see:

<http://www.oregon.gov/oha/analytics/CCODData/CigaretteSmokingPrevalenceBundle>

GUIDELINE FOR USE:

Medications for tobacco cessation are a covered benefit for Advanced Health members when the below drug use criteria have been met:

- 1) Has the patient attended a tobacco cessation course within the past 3 months, or are they engaged with behavioral health therapy? (*Exception to attendance of tobacco cessation course allowed for members that live in areas where no tobacco cessation course is offered, or member has a physical or mental health condition that restricts their participation in a tobacco cessation course. Documentation from the provider must be provided to support the need for an exception.*)
 - a) If yes and the request is for Chantix, approve for 3 months of therapy. If yes and request is for nicotine inhaler, nasal spray, or generic Zyban go to step #2
 - b) If no, deny as Criteria Not Met with message:

"Your request was received and denied based on the following: Member must attend tobacco cessation course for coverage of (insert name of medication here). Nicotine patches and gum are available without a prior authorization for up to two quit attempts per year. Use of behavioral health supports with medication therapy optimizes cessation outcomes."

Approved by Advanced Health Pharmacy and Therapeutics Committee on 03/29/16

- 2) Has the patient trialed nicotine patches and nicotine gum within the past 12 months? If request is for nicotine nasal spray or inhaler move to #3. If request is for generic Zyban move to #4.
- a) If yes, move to corresponding step for requested therapy.
- b) If no, deny as Criteria not met with message:
- "Your request was received and denied based on the following: Nicotine patches and nicotine gum are the least costly medications for tobacco cessation. Oregon Health Plan requires utilization of the least costly alternatives to meet medical need. Please use nicotine patches or gum."*
- 3) For nicotine inhaler or nasal spray, has the patient trialed nicotine patches and gum within the past 12 months? Has the patient trialed varenicline or generic bupropion SR 150mg tablets (or have a contraindication to varenicline or bupropion) within the past 12 months?
- a) If yes, approve for 3 months of therapy based on quantity limits outlined below.
- b) If no, deny as Criteria Not Met with message:
- "Your request was received and denied based on the following: Nicotine patches and nicotine gum are the least costly medications for tobacco cessation. Generic bupropion and varenicline are the next least costly alternatives when nicotine patches or gum have failed. Oregon Health Plan requires utilization of the least costly alternatives to meet medical need. Please use nicotine patches or gum as first line therapy for tobacco cessation, followed by generic bupropion or varenicline as second line therapy."*
- 4) For generic Zyban (*bupropion SR 150mg tablets*), is the provider willing to change to generic Wellbutrin SR (*bupropion SR 150mg tablets*) which is available without a prior authorization as part of the mental health carve out and is the least costly alternative?
- a) If yes, request to withdraw prior authorization request.
- b) If no, approve for 3 months of therapy based on quantity limits outlined below.

Rationale:

To promote utilization of the most cost effective medication therapies available for tobacco cessation and to encourage participation in behavioral supports to improve outcomes of tobacco cessation efforts for Advanced Health members.

Minimum Quantities Table for Cessation Benefit from CCO Incentive Measure Specification Sheet for Cigarette Smoking Prevalence:



Appendix 1: Minimum Quantities Table for Cessation Benefit

Medication, quantity, and dosage are based on the *Public Health Service -Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines*, online at www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html

Medication	Bupropion SR	Varenicline	Nicotine Gum 2mg and 4mg	Nicotine Lozenge	Nicotine Inhaler 10 mg	Nicotine Nasal Spray	Nicotine Patch 7mg, 14 mg, 21 mg, 42 mg
Quantity for one quit attempt.	150 mg, 1 box of 60 tablets = 30 day supply x 3 (90 days) = 3 boxes (180) per quit attempt	0.5 mg: 11 tablets per quit attempt 1 mg: One box contains 56 tablets = 30 day supply x 3 (90 days) = 3 boxes (168) per quit attempt	24 maximum per day x 90 days = 2,160 pieces per quit attempt Number of boxes depends on quantity per box: 2 mg (packaged in different amounts), boxes of 100–190 pieces) 4 mg (packaged in different amounts), boxes of 100–190 pieces)	20 Maximum per day x 12 weeks = 1,800 lozenges per quit attempt 2 mg, 72-168 lozenges per box 4 mg, 72-168 lozenges per box	16 cartridge maximum per day x 180 days = 2,880 cartridges per quit attempt 17 boxes (1 box has 168 10-mg cartridges)	Maximum 40 doses per day (80 sprays). 100 doses per bottle (200 sprays). 1 bottle will last at least 2.5 days. 36 bottle supply for 90 days per quit attempt	1 patch per day x 90 days = 90 patches per quit attempt

References:

1. Oregon Health Authority. CCO Incentive Measure Specification Sheet for 2016 Measurement Year: Cigarette Smoking Prevalence (Bundled Measure).