MEDICATION POLICY:

Smoking Deterrents

Generic Name: Smoking Deterrents

Therapeutic Class or Brand Name: Smoking Deterrents

Applicable Drugs (if Therapeutic Class): Bupropion (smoking deterrent) SR (generic), Varenicline (generic), Nicotine Gum (generic), Nicotine Lozenge (generic), Nicotine Patch (generic), Nicotrol® (nicotine inhalation system), Nicotrol® NS (nicotine nasal spray), and all other branded products not listed.

Preferred: Bupropion (smoking deterrent) SR (generic), Varenicline (generic), Nicotrol® NS (nicotine nasal spray), Nicotine Gum (generic), Nicotine Lozenge (generic), and Nicotine Patch (generic).

Non-preferred: Nicotrol® (nicotine inhalation system) and all other branded products not listed.

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 6/2/2025

Prior Authorization Criteria

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of Nicotine dependence.

II. Non-preferred products require a documented trial and failure of, intolerance to, or contraindication to at least TWO preferred products.

III. Minimum age requirement: 18 years old.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to preferred product(s).

Exclusion Criteria

- N/A

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- The quantity of all products is limited to a maximum of a 30-day supply per fill.

Approval Length

- **Authorization:** Up to 6 months.

- **Re-Authorization:** N/A

APPENDIX

N/A

REFERENCES

1. Zyban® prescribing information available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020711s026lbl.pdf
2. US Preventive Services Task Force Recommendation Statement Final/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions available at: https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/uM5P-6XpsqVfEC2axGnZaD
3. Chantix® prescribing information available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021928s048lbl.pdf
4. Nicotrol® Inhaler prescribing information available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/020385s012lbl.pdf
5. Nicoderm® CQ patch Label available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/020165Orig1s035lbl.pdf
6. Nicotrol® NS nasal spray prescribing information available at: https://cdn.pfizer.com/pfizercom/products/uspi_nicotrol.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.