

# Clinical Policy: varenicline (Chantix<sup>®</sup>) & bupropion—smoking deterrent (Zyban<sup>®</sup>)

Reference Number: WA.PHAR.16

Effective Date: 02/16

## **Description**

The intent of the criteria is to ensure that patients follow selection elements established by Coordinated Care and the Washington Health Care Authority for the prescription benefit policy for varenicline (Chantix<sup>®</sup>) and bupropion —smoking deterrent (Zyban<sup>®</sup>). Please refer to WA.CM.22 Smoking Cessation Program for more information regarding the Smoking Cessation Program.

## **Policy/Criteria**

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that varenicline (Chantix<sup>®</sup>) and bupropion—smoking deterrent (Zyban<sup>®</sup>) is **medically necessary** for members meeting the following criteria:

### **Initial Approval Criteria (must meet all):**

- A. Current smoker,  $\geq 18$  years of age, wanting to stop and agrees on a “Stop Date”;
- B. Varenicline will be used as mono-therapy and the request does not exceed 2 tablets per day.
- C. Bupropion—smoking deterrent will be used as mono-therapy and the request does not exceed Coordinated Care’s approved tablet limitation for each strength of bupropion—smoking deterrent
- D. Enrolled in a behavioral support plan (e.g., The GETQUIT Support Plan through Pfizer);
- E. Request does not exceed 2 tablets per day

### **Approval duration: 12 weeks**

### **Continued Approval (must meet all as applicable):**

*Note: Claim may auto-adjudicate via the Smart PA approval process if the criteria below are met and can be validated through the US Script pharmacy benefit management system*

#### **I. Members who have received < 24 weeks of varenicline therapy or bupropion—smoking deterrent:**

- A. Member has remained off cigarette since treatment initiation;
- B. Request does not exceed 2 tablets per day.

**Approval duration: 12 weeks; allow NO MORE than 24 weeks (including the initial approval) of total treatment**

#### **II. Members who relapsed while on/following varenicline therapy or bupropion—smoking deterrent:**

- A. Documentation of enrollment **AND** participation in a smoking cessation behavioral support program;
- B. At least 12 weeks has elapsed since varenicline or bupropion —smoking deterrent was last used;
- C. Request does not exceed 2 tablets per day;
- D. Renewal criteria for “**members who has received < 24 weeks of varenicline or bupropion—smoking deterrent therapy**” will subsequently apply, unless member relapses.

**Approval duration: 12 weeks**

**III. Varenicline or bupropion—smoking deterrent will NOT be approved for members who have received up to 24 weeks of therapy, with no history of relapse.**

**References (or Bibliography):**

- 1) Varenicline (Chantix) GETQUIT Support Program, <https://www.get-quit.com/sites/getquit/Pages/index.aspx>. Accessed September 2015
- 2) Varenicline monograph. Clinical Pharmacology. Accessed September 2015 <http://www.clinicalpharmacology-ip.com>
- 3) U.S. Department of Health and Human Services. Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update. <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf> . Accessed September 2015
- 4) Rigotti NA. Overview of smoking cessation management in adults. Stoller JK, Aronson MD. (Ed), UpToDate. Waltham, MA. (Accessed September 2015)
- 5) Rigotti NA Pharmacotherapy for smoking cessation in adults. Stoller JK, Aronson MD. (Ed), UpToDate. Waltham, MA. (Accessed September 2015)
- 6) Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database Syst Rev 2013; 5:CD009329.  
Washington Appel Health: Prescription Drug Program Provider Guide (January 1, 2016- pages 35 & 36). Accessed February 2016 from [http://www.hca.wa.gov/medicaid/billing/Documents/guides/prescription\\_drug\\_program\\_bi.pdf](http://www.hca.wa.gov/medicaid/billing/Documents/guides/prescription_drug_program_bi.pdf)

**CLINICAL POLICY**  
varenicline (Chantix®)

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>	<b>Approval Date</b>
Created a customized P&P for Coordinated Care Health Plan to align with the HCA's expectations for smoking cessation programs and covered smoking cessation products.	02/2016	
Added WA.CM.22 Smoking Cessation Program as a reference for more information	10/2016	
Changed reference number from CC.PHAR.15 to WA.PHAR.16	11/2016	