

# Smoking Cessation

## Goal(s):

- Promote use that is consistent with National Guidelines and medical evidence.
- Promote use of high value products

## Length of Authorization:

- 6 months

## Requires PA:

- Non-preferred drugs
- Varenicline for individuals younger than 17 years (safety edit)

## Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis for tobacco dependence (ICD10 F17200)?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; medical appropriateness
3. Is the request for varenicline for a patient less than 17 years old?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness	<b>No:</b> Go to #4
4. Will the prescriber change to a preferred product?  Message: <ul style="list-style-type: none"> <li>• Preferred products do not require a PA.</li> <li>• Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&amp;T) Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of covered alternatives in class	<b>No:</b> Go to #5
5. Is the patient enrolled in a smoking cessation behavioral counseling program [e.g. Quit Line at: 800-QUIT-NOW (800-784-8669)].	<b>Yes:</b> Approve NRT for 6 months	<b>No:</b> Pass to RPh. Deny; medical appropriateness