

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
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis for tobacco dependence (ICD10 F17200)?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Will the prescriber change to a preferred product? Message: • Preferred products do not require a PA. • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics (P&T) Committee.	Yes: Inform prescriber of covered alternatives in class	No: Go to #4
4. Is the request for varenicline for a patient less than 17 years old?	Yes: Pass to RPh. Deny; medical appropriateness	No: 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)].	Yes: Approve NRT for 6 months	No: Pass to RPh. Deny; medical appropriateness