



MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	DOCUMENT NAME: Varenicline (Chantix®)
PAGE: 1 of 4	REFERENCE NUMBER: GA.PMN.19
EFFECTIVE DATE: 01/2017	REPLACES DOCUMENT:
RETIRED:	REVIEWED: 01/2018, 03/2018
PRODUCT TYPE: Medicaid	REVISED:

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description: The intent of the criteria is to ensure that patients follow selection elements established by Centene® medical policy for the use of Varenicline (Chantix®).

Brand: Varenicline (Chantix®): 0.5mg, 1mg tablets in 1st month and continued therapy packs

Policy Indication: Indicated for use as an aid to smoking cessation treatment in adult patients 18 years or older.



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Criteria for Approval:

Initiation of therapy for up to 12 weeks (must meet all)

- A. Prescribed by a physician or mid-level practitioner
- B. Diagnosis of Nicotine Dependence
- C. Age \geq 18 years of age with a documented "Quit Date"
- D. Failed a 3 month trial of adherent use of PDL combination Nicotine Replacement Therapy (i.e., patch plus gum or lozenge), unless contraindicated or intolerant
- E. Failed a 3 month trial of adherent use of Bupropion SR at adequate dose of 150mg twice daily, unless contraindicated or intolerant

Continuation of therapy for up to 12 weeks for total of 24 weeks of therapy (must meet all)

- A. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria
- B. Chart notes or Prior Authorization Form document a positive response and adherence to therapy since last approval.
- C. Total weeks of therapy has not exceeded 24 weeks

Approval:

Authorization for additional days must be reviewed by the plan on a case by case basis.



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Background Cigarette smoking is the primary cause of preventable disease and mortality in the United States. Smoking cessation can lead to a better quality of life with improved health outcomes. An estimated 42.4 million adults in the United States. According to a report by the Centers for Disease Control (CDC), Medicaid patients less than the age of 65 have a higher prevalence of smoking compared to the general population, 30.1% compared to 18.1% respectively. Cigarette smoking is one of the greatest drivers of adverse health outcomes and costs for state Medicaid programs. There are three main pharmacotherapy options for smoking cessation: nicotine replacement therapy (NRT), bupropion sustained release, and varenicline (Chantix). Varenicline (Chantix) is a partial alpha-4-beta-2 nicotinic acetylcholine receptor agonist indicated as a first line option for smoking cessation.

- References:**
1. Current Cigarette Smoking Among Adults in the United States." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 8 Dec. 2015. Web. 4 Jan. 2016
 2. Smalls TD, Broughton AD, Hylick EV, Woodard TJ. Providing Medication Therapy Management for Smoking Cessation Patients. J Pharm Pract. 2015 Feb;28(1):21-5. doi: 10.1177/0897190014562381. Epub 2014 Dec 11.
 3. Smoking cessation drug therapy: an update. Pharmacist's Letter/Prescriber's Letter 2011;27(1):270111.
 4. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage — United States, 2008–2014." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 28 Mar. 2014. Web. 4 Jan. 2016.



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Revision Log

Revision

Date

Reviews, Revisions, and Approvals	Date	Approval Date
New policy created	01/17	01/17
Annual Review. No changes made.	01/18	01/18
Annual review. No changes made.	03/18	03/18

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
Sr. Director, Pharmacy Operations:	Approval on file
Sr. Medical Director:	Approval on file

NOTE: The electronic approval is retained in Compliance 360.