

Drug Name: Nicotrol Nasal Spray and Nicotrol Inhaler

**Date:** 2/2019

| Drug Name:                          | Nicotrol Nasal Spray and Nicotrol Inhaler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Exclusions                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Required<br>Medical<br>Information: | <ul> <li>Patient is 18 years of age or older</li> <li>Treatment is being requested for tobacco cessation</li> <li>Patient has received any form of tobacco cessation information or counseling (examples include: prescriber provided advice/information on importance of tobacco cessation, telephonic support, in person counseling either through a support group or one on one with prescriber or prescribers representative or pharmacist counseling)</li> <li>History of failure, contraindication, or intolerance to one of the following:         <ul> <li>(1) Nicotine replacement patches</li> <li>(2) Nicotine gum</li> <li>(3) Nicotine lozenge</li> </ul> </li> <li>History of failure, contraindication, or intolerance to bupropion (generic Zyban)</li> <li>Patient is NOT currently taking Chantix (or if currently being used will be discontinued prior to start of Nicotrol)</li> </ul> |
| Quantity Limit                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Coverage duration:                  | 1 year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |