

Smoking Cessation Product, Prescription & Insurance Coverage: December 2011

Name of Product	Type of Product	Recommended Prescription/Instructions	Medi-Cal	Healthy San Francisco ³	SF Health Plan ⁴
Nicoderm CQ ¹	Patch: available in 3 strengths	<p>Nicoderm CQ 21 mg # 28, then 1 re-fill 14 mg #28 7 mg #14</p> <p>SIG: Apply one patch daily. Do not smoke while using this medication. Rotate sites daily</p> <p>Note to Provider: Prescription may be written all at once or monthly</p> <p>Medi-Cal patients: Patch will be dispensed in 4 wk increments (28 days)</p>	<p><u>Yes/Covered</u> (T.A.R. is NOT REQUIRED if patient receives less than 6 medications or refills per month) Certificate not required</p>	<p>Yes Covered Certificate not required</p>	<p><u>Yes⁴ Covered</u> Certificate not required</p>
Nicorette 2 mg ²	Gum	<p>Nicotine Gum (or Nicotine Polacrilex gum) 2mg starter pack x 1 refill pack x 16 SIG: Use 1 piece of gum with urge to smoke. Do not chew-place between check and gum Not to exceed 24 pieces per day</p>	<p><u>Yes/Covered</u> T.A.R. with taper schedule required Certificate not required</p>	<p><u>No/ PA required</u></p>	<p><u>Yes/Covered</u> with quantity limits of #9 per day and 180 days of fills in 365 days</p>
Nicorette 4 mg	Gum	<p>Nicotine Gum 4mg starter pack x 1 refill pack x 16 SIG: Use 1 piece of gum with urge to smoke. Do not chew Not to exceed 24 pieces per day</p>	<p><u>Yes/Covered</u> T.A.R. with taper schedule required Certificate not required</p>	<p><u>No/ PA required</u></p>	<p><u>Yes/Covered</u> with quantity limits of #9 per day and 180 days of fills in 365 days</p>

1. Patch prescribing info: up to 14 weeks depending on the patient's current smoking level. Suggested prescription: For a patient who smokes more than 10 cigarettes a day and *weighs 100 lbs. +*: Prescribe: 21 mg #28, 1 re-fill, then 14 mg #28, then 7 mg.#14. For a patient who smokes 10 or less cigarettes a day *OR weighs <100 lbs.* prescribe: 14 mg #28, 1 re-fill then 7 mg #28. For a patient who smokes 5 cigarettes or less: Prescribe 7 mg#28. OR, prescription may be renewed monthly depending on patients' level of addiction up to 14 weeks for Medi-Cal and up to six months (4 fills) for HSF. SF Health Plan is limited to 3 months for all medications.
2. For Nicorette, 2mg and 4mg, **Medi-Cal** requires a taper schedule and the last day gum will be used. When submitting a T.A.R., use PDR for schedule.
3. **Healthy San Francisco**, including CHN, covers patches, Nicorette gum (with a PA), Chantix and Bupropion for up to 6 months per year with enrollment certificate.
4. For Patients with SF Health Plan, a PA form is required for Chantix, however, a certificate of enrollment is not required. Those patients with SF Health Plan **Healthy Workers are covered** under CHN\SFGH formulary and can receive patches, Bupropion and Chantix up to 6 months. Certificate of enrollment is needed for Chantix.

ATTN: Medicare may cover Bupropion or Chantix depending on patient's supplemental insurance plan. See patient card for supplemental insurance coverage contact info as a PA form is required. Over the counter (OTC) nicotine replacement (patch, gum, lozenge) is not covered by Medicare. If patient has Medi-Cal as their secondary insurance, in addition to Medicare as their primary insurance, patient should be able to get nicotine replacement products covered, though a TAR may be required. **Medi-Cal will not pay for Bupropion or Chantix if patient has Medicare (Part D) as their primary insurance and Medi-Cal is their secondary insurance. (Medi-Medi)**

Name of Product	Type of Product	Recommended Prescription/Instructions	Medi-Cal	Healthy San Francisco ³	SF Health Plan ⁴
Commit 2mg	Lozenge	<p>Nicotine Lozenge Wk 1-6 : One lozenge every 1-2 hrs Wk 7-9 : One lozenge every 2-4 hrs Wk 10-12 : One lozenge every 4-8 hours SIG: Suck on lozenge until dissolved. Allow to dissolve slowly over 20-30 minutes; do not swallow, bite or chew. Note to Provider: Use 9 lozenges daily for the first 6 weeks to improve chances. RX duration: 12 weeks, decrease frequency over time in response to nicotine cravings</p>	<p><u>Yes⁵ Covered</u> with TAR stating why other methods cannot be used <u>Certificate not required</u></p>	<u>Not covered</u>	<u>Not covered</u>
Commit 4mg	Lozenge	<p>Nicotine Lozenge (Same as above) Prescribe 4mg lozenge if patient smokes 1st cigarette before 30 minutes of waking. Otherwise, use 2mg strength</p>	<u>Yes/Covered (same as above)</u>	<u>Not covered</u>	<u>Not covered</u>
Bupropion or Wellbutrin	Pill	<p>Bupropion XL (write Zyban XL for Medi-Cal as of March 2011-same dosage) 150 mg #3, 300 mg #30 refill x 2 Days 1-3 Bupropion XL 150 mg by mouth daily Then Bupropion XL 300 mg by mouth daily</p>	<p><u>Yes/ covered</u> <u>Certificate not required</u></p>	<u>Yes, but only generic Wellbutrin XL (Bupropion XL)</u>	<u>Yes, but only generic Wellbutrin (Bupropion)</u>
Chantix** or Varenicline	Pill	<p>Chantix (Varenicline) Starter Pak⁷: (53 pills) Days 1-3 0.5mg by mouth daily Days 4-7 0.5mg by mouth twice daily Days 8-28 1mg by mouth twice daily Continuation Pak: 1mg #56 by mouth twice daily Refill x 1 Note to Provider: Patient sets quit date 7 days from start of medication. Duration of Rx: 3-6 months. (Monthly re-fills)</p>	<p><u>Yes, Covered⁶</u> <u>TAR required stating why other methods cannot be used</u> <u>Certificate not required</u></p>	<u>Yes Covered</u> <u>Certificate Required</u>	<u>Yes⁴ Covered</u> <u>Certificate not required</u>

5. Medi-Cal may cover Nicotine Lozenge if T.A.R. justification is written to show other NRT treatment or medication has failed (Patch, Gum, and Bupropion).

6. Provider writes **Starter Pak** for the 1st month of treatment. Provider then writes **Continuation Pak** for the 2nd month of treatment. HSF patients can obtain monthly additional re-fills for up to 6 months. Patient must see Provider for each additional month or get telephone authorization.

****Attention all providers: See current FDA guidelines for Chantix/Varenicline before prescribing this medication for your patients.**

NOTE: Information about the Nicotine Inhaler and Nasal Spray is available by calling the SFGH Stop Smoking Program (see below)