

2010
Health Plan of Michigan
Smoking Cessation Program Formulary

The smoking cessation benefits have been enhanced at Health Plan of Michigan. We have added the nicotine lozenges to our formulary without prior authorization. The coverage details are listed below:

Transdermal Nicotine Patch (generic) 7mg, 14mg, 21mg	Covered: Quantity Limit	A maximum 26 weeks of therapy per rolling 365 days. Concurrent therapy with Nicotine polacrilex gum or lozenge is encouraged.
Nicotine polacrilex (generic) (Gum and Lozenge) 2mg & 4mg	Covered: Quantity Limits:	Quantity Limits apply GUM: 336 pieces (2 x 168) every 30 days, max 6 months every rolling 365 days (2,016 pieces/365 days) LOZENGE: 360 pieces (5 x 72) every 30 days, max 6 months every rolling 365 days (2,160 pieces/365 days) Concurrent therapy with Nicotine polacrilex gum or lozenge is encouraged.
Nicotine Nasal Spray (Nicotrol NS 10mg/ml)	Covered: Quantity Limits:	Quantity Limits apply (3 bottles max per fill with total max at 9 bottles per 90 days every 6 months.
Zyban® 150mg (Buproban)	Step Therapy: Quantity Limit	Must show claims for use of Transdermal Nicotine Patch + Gum or Lozenge for at least 6 months prior to approval. 60 tablets every 30 days for 3 months every rolling 365 days. Allowed as first line if pt has pending medical approval for spinal surgery requiring nicotine-free period prior to surgery.
Chantix .5 and 1mg tablet	Step Therapy: Quantity Limits:	Must show claims for use of Transdermal Nicotine Patch + Gum or Lozenge for at least 6 months prior to approval. 90 days of therapy allowed every rolling 365 days. Allowed as first line if pt has pending medical approval for spinal surgery requiring nicotine-free period prior to surgery.

Approved by Pharmacy & Therapeutics Committee: 1/13/2010