

Smoking Cessation Medications

Smoking cessation medications help with lessening cravings and decreasing withdrawal symptoms. These medications work best when used as part of a program.

Per the Arizona Health Care Cost Containment System (AHCCCS) policy, members must enroll by calling Arizona Smokers Helpline 1-800-556-6222.

The maximum supply a member may receive of a tobacco cessation product is a 12-week supply in a six-month time period. The six-month period begins on the date the pharmacy fills the first tobacco cessation product.

Prior Authorization is required for a Brand name medication when a generic product is available. Additionally, coverage is not authorized for Non-Title XIX members.

Medication/Product	Usage	Precautions	ADRs
Nicotine Patch, OTC 7 mg, 14 mg, 21 mg	<ul style="list-style-type: none"> Nicotine replacement therapy Reduces the urge to smoke. Increases smoking cessation rate by 50 to 70 % 	<ul style="list-style-type: none"> Recent MI \leq 2 weeks Significant underlying arrhythmias Significant/worsening angina pectoris 	<p>All NRTs: HA, nausea, racing heart</p> <p>Skin irritation, sleep problems or unusual dreams</p>
Nicotine Gum, OTC 2 mg, 4 mg	<ul style="list-style-type: none"> Nicotine replacement therapy Reduces the urge to smoke. Increases smoking cessation rate by 50 to 70 % 	<ul style="list-style-type: none"> Recent MI \leq 2 weeks Significant underlying arrhythmias Significant/worsening angina pectoris Temporomandibular joint disease 	<p>All NRTs: HA, nausea, racing heart</p> <p>Throat irritation, mouth sores, hiccups</p>
Nicotine Lozenge, OTC 2 mg, 4 mg	<ul style="list-style-type: none"> Nicotine replacement therapy Reduces the urge to smoke. Increases smoking cessation rate by 50 to 70 % 	<ul style="list-style-type: none"> Recent MI \leq 2 weeks Significant underlying arrhythmias Significant/worsening angina pectoris 	<p>All NRTs: HA, nausea, racing heart</p> <p>Hiccups, sore throat, coughing, heartburn</p>
Nicotine Nasal Spray, RX 10 mg/mL	<ul style="list-style-type: none"> Nicotine replacement therapy Reduces the urge to smoke. Increases smoking cessation rate by 50 to 70 % 	<ul style="list-style-type: none"> Recent MI \leq 2 weeks Significant underlying arrhythmias Significant/worsening angina pectoris 	<p>All NRTs: HA, nausea, racing heart</p> <p>Nasal/throat irritation, runny nose watery eyes, sneezing, coughing</p>
Bupropion, RX 150 mg SR tablet	<ul style="list-style-type: none"> Relieves nicotine withdrawal. Reduces reward from smoking. May delay weight gain 	<ul style="list-style-type: none"> Concurrent use with medications that lower seizure threshold. Hepatic impairment <p>*Contraindications</p> <ul style="list-style-type: none"> Seizure disorder Current bupropion therapy Current/prior bulimia or anorexia nervosa diagnosis MAO use 	<p>Insomnia, dry mouth, nausea, anxiety/difficulty concentrating, constipation, tremor, rash</p>
Chantix, RX 0.5 mg, 1 mg tablet	<ul style="list-style-type: none"> Partial nicotinic agonist Produces ~50% of maximal nicotine effects. Reduces nicotine withdrawal symptoms. Reduces reward effects of smoking 	<ul style="list-style-type: none"> Severe renal impairment (renal dose adjustment) Treatment emergent neuropsychiatric symptoms 	<p>Nausea, sleep disturbances, HA, flatulence, constipation, taste alteration, neuropsychiatric symptoms</p>

A Reminder About Antidepressant Medication Management (AMM) HEDIS measure

The measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- Effective Acute Phase Treatment: percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Medications included in the measure:

- **Miscellaneous antidepressants:** Bupropion, Vilazodone, Vortioxetine
- **Monoamine oxidase inhibitors:** Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine
- **Phenylpiperazine antidepressants:** Nefazodone, Trazodone
- **Psychotherapeutic combinations:** Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine
- **SNRI antidepressants:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
- **SSRI antidepressants:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
- **Tetracyclic antidepressants:** Maprotiline, Mirtazapine
- **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine



What can providers do to help improve HEDIS AMM rates?

- Schedule a follow-up appointment no later than four weeks after starting a new prescription.
- Remind patients about their appointments.
- Assist members in setting up a follow-up appointment with a prescriber when patients are transitioning to another level of care.
- Targeted outreach for members at risk of noncompliance via phone calls, medication prompts or case management.
- Educate staff, patient, and family of the patient about the importance of adherence to prescription medications, side effects and benefits of antidepressant medication.
- Involve the member and family in a collaborative discussion of treatment options, barriers to treatment, and promote member participation in decision-making.
- Connect the member to health coaching programs, peer support and case management.
- Communicate with other providers to ensure a whole health approach.
- Use telehealth visits, where appropriate, when in-person services are not possible, or telehealth services are preferred.

References:

1. <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/Exhibit300-1.pdf>
2. Barua RS, Rigotti NA, Benowitz NL, et al. 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment. Journal of the American College of Cardiology. 2018;72(25):3332-3365. doi: <https://doi.org/10.1016/j.jacc.2018.10.027>
3. PHARMACOLOGIC PRODUCT GUIDE: FDA-APPROVED MEDICATIONS for SMOKING CESSATION.; 2024.
4. <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>
5. <https://pubmed.ncbi.nlm.nih.gov/21849010/>

REFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycares.org), Denise Volkov (VolkovD@mercycares.org) or Trennette Gilbert (gilbert@mercycares.org)