



**Drug Name:** Nicotrol Nasal Spray and Nicotrol Inhaler

**Date:** 2/2019, 5/2020, 3/2021, 2/2022

<b>Drug Name: Nicotrol Nasal Spray and Nicotrol Inhaler</b>	
<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <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:               <ol style="list-style-type: none"> <li>(1) Nicotine replacement patches</li> <li>(2) Nicotine gum</li> <li>(3) Nicotine lozenge</li> </ol> </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>
<b>Coverage duration:</b>	6 months