



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

**Date:** 2/2019, 5/2020, 3/2021, 2/2022, 3/2023

<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:<ul style="list-style-type: none"><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>
<b>Coverage duration:</b>	6 months