



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

Chantix® (varenicline)  
Prior Authorization Request Form

**Effective 10/01/2017**

CHANTIX is a nicotinic receptor partial agonist indicated for use as an aid to smoking cessation treatment.

**Prior authorization criteria:**

1. Member is at least 18 years old; **AND**
2. The member is enrolled in an approved smoking cessation program; **AND**
3. The member has had a minimum 30-day trial of either Nicotine Replacement Therapy (NRT) **OR** Zyban (bupropion). The use of combination NRT is covered. Documentation **MUST** be submitted indicating when therapy occurred; **AND**
4. WV Medicaid will cover the cost of one attempt to quit every 365 days. A quit attempt is expected to consist of a relatively continuous transition between pharmacological agents, therefore no more than 30 days must have lapsed between any pharmacological therapy prior to and including any request for Chantix. Unless contraindicated, NRT **or** bupropion must be trialed every time a quit attempt is initiated.

Prior authorization requests for either NRT or Zyban will be issued for a maximum of ninety (90) days. Initial prior authorization for Chantix will be for 90 days with an additional 90 days available for maintenance therapy if requested. NRT therapy may not be filled concurrently with Chantix.

**References**

- 1.) Lexi-Comp drug monograph for Chantix (Reviewed 9/12/2017)
- 2.) Package insert for Chantix (last update 12/2016)
- 3.) UpToDate : Overview of Smoking Cessation Management in Adults (reviewed 9/12/2017).
- 4.) UpToDate: Pharmacotherapy for Smoking Cessation in Adults (reviewed 9/12/2017)