



**Drug Name:** Varenicline

**Reviewed:** 10/2017, 8/2018, 10/2019, 4/2020, 2/2021, 1/2022, 3/2023, 3/2024

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to bupropion immediate-release, bupropion sustained-release, bupropion extended-release, nicotine patch, nicotine gum or nicotine lozenge
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Varenicline will pay if there is at least one paid claim of at least a 10 day supply within the last 365 days of bupropion immediate-release, bupropion sustained-release, bupropion extended-release, nicotine patch, nicotine gum or nicotine lozenge

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use