



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](#)

Prior authorization requests for Chantix will be approved if the following criteria are met:

1. Member is enrolled in a smoking cessation program; **AND**
2. Members is currently taking selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), or other antidepressants, mood stabilizers or atypical antipsychotics will have their therapy reviewed by the prescribers of these drugs before beginning therapy; **AND**
3. Prior authorizations will be issued for a maximum of thirty (30) days. Continued authorization will require documentation of adherence to therapy for consideration.

*Pfizer Labs, Division of Pfizer Inc
New York, NY 10017
Clinical Practice Guideline 2008*

***Review and Approved
DUR Board 11/20/2013***