

# BC Smoking Cessation Program—Quick Reference for Pharmacists

OPTION A—PRESCRIPTION DRUGS	OPTION B—NICOTINE REPLACEMENT THERAPY PRODUCTS
<p><b>COVERAGE LIMIT PER 12-WEEK COURSE OF TREATMENT</b></p> <ul style="list-style-type: none"> <li>Up to 84 days of either bupropion (Zyban®)* <b>OR</b></li> <li>up to 84 days of varenicline (Champix®)</li> </ul> <p>*Only Zyban® version of bupropion is covered</p>	<p><b>COVERAGE LIMIT PER 12-WEEK COURSE OF TREATMENT</b></p> <ul style="list-style-type: none"> <li>Nicorette® gum—Up to 9 boxes of 105 pieces</li> <li>Nicorette® lozenges—Up to 9 boxes of 88 lozenges</li> <li>Nicoderm® patch—Up to 12 boxes of 7 patches</li> <li>Nicorette® inhaler—Up to 12 boxes of 42 cartridges</li> </ul>
<p><b>MAXIMUM QUANTITY PER FILL</b></p> <ul style="list-style-type: none"> <li>Up to 28 days’ worth of medication (30 days for pre-packed blister packs of Zyban®)</li> </ul>	<p><b>MAXIMUM QUANTITY PER FILL</b></p> <ul style="list-style-type: none"> <li>Up to 28 days’ supply per fill, i.e., 3 boxes of nicotine gum or lozenges, 4 boxes of patches or inhaler cartridges</li> </ul>
<p><b>MAXIMUM NUMBER OF DISPENSING FEES</b></p> <ul style="list-style-type: none"> <li>Three dispensing fees per 12-week course of treatment—unless dispensing a 14-day starter pack of varenicline (Champix®) for which 4 dispensing fees are allowed</li> </ul>	<p><b>MAXIMUM NUMBER OF DISPENSING FEES</b></p> <ul style="list-style-type: none"> <li>Three dispensing fees per 12-week course of treatment</li> </ul>
<p><b>PATIENTS MUST...</b></p> <ul style="list-style-type: none"> <li>get a prescription from a physician</li> <li>sign a <a href="#">Declaration and Notification form</a> (HLTH 5464) at the pharmacy</li> </ul>	<p><b>PATIENTS SHOULD...</b></p> <ul style="list-style-type: none"> <li>visit a pharmacy, no prescription is required</li> <li>sign a <a href="#">Declaration/Notification form (HLTH 5464)</a> at the pharmacy</li> </ul>
<p><b>PHARMACIST SHOULD...</b></p> <ul style="list-style-type: none"> <li>Fill the prescription as usual; the claim adjudicates in the normal manner.</li> </ul>	<p><b>PHARMACIST SHOULD...</b></p> <ul style="list-style-type: none"> <li>Discuss product type, dosage with the patient.</li> <li>For each fill:                             <ul style="list-style-type: none"> <li>Have the patient sign the <a href="#">Declaration/Notification form (HLTH 5464)</a>.</li> <li>Sign the declaration form in the pharmacist section.</li> <li>Dispense the selected NRT product as you would a prescription, submitting a claim for the product and a dispensing fee. Do <b>not</b> add GST.</li> <li>Enter themselves as the prescriber on the claim.</li> <li>Maintain separate yearly files for declaration forms, filed alphabetically by patient name, then in chronological order.</li> </ul> </li> </ul>

For details on patient eligibility, coverage, policies and procedures, see PharmaCare Policy Manual, [Section 5.20](#).