

Pharmacy Hot Tip: Nicotine Replacement Therapy

Summit Community Care patients on non-preferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization may apply to select preferred products. Coverage should be verified by reviewing the *Over-the-Counter (OTC) List* on the Summit Community Care provider website at <https://provider.summitcommunitycare.com>.

Therapeutic class	Preferred products	Non-preferred products
Nicotine replacement therapies	Nicotine transdermal patches: <ul style="list-style-type: none"> • 7 mg/24 hr • 14 mg/24 hr • 21 mg/ 24 hr Nicotine polacrilex gum: <ul style="list-style-type: none"> • 2 mg • 4 mg Nicotine polacrilex lozenge: <ul style="list-style-type: none"> • 2 mg • 4 mg Nicotrol NS 10 mg/mL Nicotrol inhaler 10 mg/cartridge	Nicoderm CQ: <ul style="list-style-type: none"> • 7 mg/24 hr • 14 mg/24 hr • 21 mg/24 hr Nicorette gum: <ul style="list-style-type: none"> • 2 mg • 4 mg Nicorette lozenge: <ul style="list-style-type: none"> • 2 mg • 4 mg

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations associate or call Provider Services at **844-462-0022**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/summitARmp).

