



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

To: Iowa Medicaid Providers
From: Iowa Department of Human Services, Iowa Medicaid Enterprise
Date: February 8, 2007
Subject: Smoking Cessation Program for Iowa Medicaid Recipients

Please find attached information regarding the new smoking cessation program for Iowa Medicaid recipients that became effective January 1, 2007. This information was originally included in Informational Letter #552 posted at www.iowamedicaidpdl.com. Please see this Informational Letter for a complete description of the smoking cessation program and payable nicotine replacement products available to Iowa Medicaid Recipients.

Important Facts:

- When submitting a prior authorization request form, please complete **all** the required fields down to the dotted line on the fax referral form. Failure to document the patient's contact information as well as their signature for consent may result in the patient not receiving the requested medications.
- Providers should inform patients of the **requirement** to participate in the counseling program through Quitline Iowa in order to obtain Nicotine Replacement Therapy through the Medicaid pharmacy program.

Smoking Cessation Program

A. Program Description

- Effective January 1, 2007, the Iowa Medicaid Program expanded coverage to include select over-the-counter nicotine replacement patches and gum, and generic bupropion sustained-release products that are FDA-indicated for smoking cessation (generic Zyban®).
- Bupropion 150mg sustained-release products that are FDA-indicated for smoking cessation (generic Zyban®) will be available without prior authorization (PA).
- Over-the-counter nicotine replacement patches and gum will be covered with a prior authorization for members 18 years of age or older with a diagnosis of nicotine dependence and confirmation of enrollment in the Quitline Iowa program for counseling.
- The maximum allowed duration of therapy is 12 weeks within a 12-month period. The initial dispensing limitations will be set at 14 units of nicotine replacement patches or 110 pieces of nicotine gum to assess patient tolerance of the medication delivery system (a two week supply).

B. PA Process

- Iowa Medicaid members who want assistance in quitting smoking will need to be referred to Quitline Iowa by their healthcare provider. Provider questions regarding the smoking cessation program should be directed to the IME Pharmacy Help Desk at 1-877-776-1567 or 515-725-1106 (local). Provider questions regarding the smoking cessation counseling program may also be directed to Quitline Iowa at 1-866-822-6879 or visit their website, www.quitlineiowa.org.
- If it is determined that the member would benefit from using over-the-counter nicotine replacement patches and/or gum, a Nicotine Replacement Therapy Prior Authorization form will need to be completed by the member and the prescriber before being faxed to Quitline Iowa at 319-384-4841. The Prior Authorization form is available at www.iowamedicaidpdl.com. If the member would benefit from generic Zyban®; no prior authorization is required. The prescriber

