



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

June 26, 2009

MEMORANDUM

ACS M09-13

TO: Medicaid Physicians, Dentists, Other Providers with Prescriptive Authority
and Pharmacy Providers

FROM: Kenneth S. Fink, MD, MGA, MPH **KF**
Med-QUEST Division Administrator

SUBJECT: **FEE-FOR-SERVICE (FFS) PROGRAM ONLY**
Change in Prior Authorization Requirements for Nicotine Replacement
Therapy

The Med-QUEST Division has reviewed the prior authorization (PA) requirements and prescription claims data for smoking cessation treatment. The PA criteria is modified for nicotine replacement therapy to improve client access. This change pertains to the FFS program. For inquiries regarding smoking cessation coverage for the QUEST and QUEST Expanded Access (QExA) plans, please contact the appropriate health plans.

Effective July 1, 2009, nicotine replacement therapies (NRT) will no longer need a PA for the first three (3) months of therapy. A PA (DHS Form 1144B) is still required after the first three (3) months, accompanied by a plan of care to document the effectiveness of the product for the client and the planned duration of treatment. **The approval period has been extended to three (3) months.** The same process applies for Zyban[®] [Bupropion sustained-release (SR)] and Chantix[®] (Varenicline).

The attached table summarizes the availability of the Hawaii Tobacco Quitline for counseling and NRT for FFS clients as well as the Prior Authorization Criteria for Smoking Cessation Products.

For Medicaid FFS Pharmacy policy questions, please contact Lynn Donovan, R.Ph., Pharmacy Consultant, at (808) 692-8116.

Attachment

**Med-QUEST Fee-For-Service (FFS)
Prior Authorization (PA) Criteria: Smoking Cessation Products (UPDATED 3.09)**

Hawaii Tobacco Quitline		
Hawaii Tobacco Quitline for counseling and nicotine replacement therapy (NRT)	<p>Counseling and drug provided by Hawaii Tobacco Quitline</p> <ul style="list-style-type: none"> • Call 800-QUIT-NOW or 800-784-8669 <ul style="list-style-type: none"> ○ Everyday 3 a.m. to 9 p.m. • View their website at www.callitquitshawaii.org • For FFS clients ready to quit in 30 days or recently quit, the Quitline will provide up to four (4) intensive counseling sessions and unlimited access to a Quit Coach offering NRT decision support. If enrolled in intensive sessions and clinically eligible, a four (4) week course of NRT will also be provided. 	
Med-QUEST Division FFS	Updated PA Criteria	Approval Period
Nicotine patches, gum, spray, inhaler AND/OR lozenges	<ol style="list-style-type: none"> 1. First three (3) months—NO PA is required 2. After the initial three (3) months, a PA is required with a Plan of Care documenting the decrease in the use of cigarettes while using these products and noting the planned duration of treatment with these products. 	Up to three (3) months at a time*
Bupropion SR (Zyban®) OR Varenicline (Chantix®)**	<ol style="list-style-type: none"> 1. First three (3) months—NO PA is required 2. After the initial three (3) months, a PA is required with a Plan of Care documenting the decrease in the use of cigarettes while on Zyban® or Chantix® and noting the planned duration of treatment with these medications. 	Up to three (3) months at a time*

*After the initial three (3) months of use, a PA is required and should provide documentation of the prescriber's involvement and documentation that client is benefiting from therapy. PA approval will be for three (3) months for monotherapy with any NRT, Bupropion SR, or Varenicline, or for the following effective combination of smoking cessation products.

- Nicotine patch + Bupropion SR (Zyban®), an FDA approved combination;
- Nicotine patch + other NRT (inhaler, gum, nasal spray).

**Varenicline is not recommended to be used in combination with any form of nicotine replacement therapy.

Physician Plan of Care

Please include the following documentation with the PA (DHS form 1144B):

- a) Client's name;
- b) Date of office visit;
- c) Planned duration of treatment; and
- d) Decrease in use of cigarettes while taking products.

A clinic note with the information may be attached as documentation.