

INFORMATIONAL LETTER NO. 2004-MC-FFS

DATE: April 4, 2019

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Skilled Nursing Facilities, Intermediate Care Facilities, Nursing Facilities-Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Service, Maternal Health Centers, Certified Nurse Midwife, Community Mental Health, Family Planning, Residential Care Facilities, ICF/ID State and Community Based ICF/ID Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Prior Authorization (PA) Removal for Smoking Cessation Products

EFFECTIVE: May 1, 2019

Effective May 1, 2019, clinical PA for Nicotine Replacement Therapy (NRT) and Oral Smoking Cessation Therapy will be removed. PA removal includes removing the 14 day initial fill requirement. All products will continue to be subject to preferred and non-preferred status on the [Preferred Drug List \(PDL\)](#)¹. Non-preferred products will be subject to Non-Preferred Drug PA criteria.

Smoking cessation products will be available with the following Prospective Drug Utilization Review (ProDUR) edits:

1. Therapy Duration
 - a. NRT – 24 weeks combined therapy within a twelve-month period.
 - b. Oral Smoking Cessation Therapy – 24 weeks therapy within a twelve-month period.
2. Quantity Limits
 - a. NRT (4 week supply)
 - i. Nicotine Patches – one unit per day
 - ii. Nicotine Gum – 330 pieces
 - iii. Nicotine Lozenge – 288 lozenges
 - iv. Nicotine Inhaler – 336 inhalers
 - v. Nicotine Nasal Spray – 80 mls
 - b. Oral Smoking Cessation Therapy
 - i. Bupropion (for smoking cessation) – 2 tablets per day
 - ii. Chantix – 2 tablets per day

¹ http://www.iowamedicaidpdl.com/preferred_drug_lists

- iii. Chantix Starter Pak – 53 tablets per 28 days
- 3. Age Edit – Payable for members 18 years of age and older

In addition to the smoking cessation products, providers should encourage members to seek additional assistance for this behavior change through individual, group, and telephone (quitline) counseling.

If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 1-877-776-1567 or 515-256-4607(local in Des Moines) or email info@iowamedicaidpdl.com.