

KMAP GENERAL BULLETIN 18213

UPDATED Expansion of Tobacco Cessation Medication Coverage

Effective with dates of service on and after December 1, 2018, the following changes to the coverage for tobacco cessation medications will be implemented.

- Products are limited to the following quantities (per day).
 - Varenicline* (Chantix[®]) – 2 tablets
 - Bupropion SR (Zyban[®]) – 2 tablets
 - Nicotine inhaler – 16 cartridges
 - Nicotine patch – 1 patch
 - Nicotine nasal spray – 80 sprays (4 ml)
 - Nicotine lozenge – 20 lozenges
 - Nicotine gum – 24 pieces

*Varenicline starter packs are not to be dispensed at the same time as nonstarter packs and individual tablets. Beneficiaries must complete 80% of any previous prescription before the next prescription is reimbursed.

- Beneficiaries may be prescribed one nicotine replacement therapy medication at the same time as bupropion SR or varenicline (Chantix).
- No more than two nicotine products (one patch and one short-acting product), per time period, are allowed.
- Prior authorization is not required.
- Beneficiaries have no copay.
- Over-the-counter (OTC) smoking cessation medications that are covered on the Medicaid drug formulary will require a written prescription.

Note: The effective date of the policy is December 1, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *Pharmacy Fee-for-Service Provider Manual*, Section 8400, pages 8-27 and 8-28.