



**GEORGIA MEDICAID FEE-FOR-SERVICE
TOBACCO CESSATION PA SUMMARY**

Preferred	Non-Preferred
Bupropion [smoking deterrent] SR 150 mg generic Nicotine gum generic Nicotine lozenge generic Nicotine transdermal patch generic Varenicline generic	Nicotrol Inhaler (nicotine inhaler) Nicotrol Nasal Spray (nicotine nasal spray)

LENGTH OF AUTHORIZATION: 12 weeks (84 days)

NOTES:

- ❖ Preferred Chantix and over-the-counter (OTC) medications (nicotine gum, lozenge and patch generics) do not require prior authorization (PA) for the 1st 12 weeks (84 days) but do require PA for the 2nd 12 weeks (84 days). Up to a maximum of 24 weeks (168 days) per year is allowed. Preferred and non-preferred prescription medications (bupropion [smoking deterrent] generic, Nicotrol Inhaler and Nicotrol Nasal Spray) require PA for the 1st 12 weeks (84 days) and for the 2nd 12 weeks (84 days). Up to a maximum of 24 weeks (168 days) per year is allowed.
- ❖ Initial PA requests must be requested by the completed and signed Tobacco Cessation PA Request Form and cannot be requested by phone. The Tobacco Cessation PA Request Form must be completed and submitted by fax by the physician or physician’s office and signed by the physician (stamped signatures are not allowed). Telephonic submissions of the Tobacco Cessation PA Request Form are not allowed. The form is located at <http://dch.georgia.gov/pharmacy> → Prior Authorization Process and Criteria → Tobacco Cessation PA Request Form.
- ❖ Reauthorization PA requests may be requested by phone or the Tobacco Cessation PA Request Form.

PA CRITERIA:

Bupropion [Smoking Deterrent] SR 150 mg Generic

- ❖ Approvable for members who will continue smoking/tobacco cessation counseling and will be routinely monitored through face-to-face counseling while on pharmacotherapy.

Nicotrol Inhaler and Nicotrol Nasal Spray

- ❖ Approvable for members who will continue smoking/tobacco cessation counseling and will be routinely monitored through face-to-face counseling while on pharmacotherapy

AND



- ❖ Member must have tried and failed therapy with at least two preferred smoking/tobacco cessation products for at least 12 weeks.

Varenicline Generic, Nicotine Gum, Lozenge and Patch Generics

- ❖ Approvable for members who continue smoking/tobacco cessation counseling and will be routinely monitored through face-to-face counseling while on pharmacotherapy

AND

- ❖ Member must have completed at least 12 weeks of therapy and was not able to stop smoking/tobacco use.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process must be initiated by completing the Tobacco Cessation Prior Authorization Request Form and **faxing to OptumRx at 1-888-491-9742**. The form can be found at <http://dch.georgia.gov/pharmacy> → [Prior Authorization Process and Criteria](#) → [Tobacco Cessation PA Request Form](#).

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.