

MEDICAID COVERAGE OF NICOTINE REPLACEMENT THERAPY

The Michigan Medicaid program does cover some types of nicotine replacement medication and smoking cessation medication. See Chart below.

NICOTINE	7MG/24HR	PATCH TD24	HABITROL
NICOTINE	14MG/24HR	PATCH TD24	HABITROL
NICOTINE	21MG/24HR	PATCH TD24	HABITROL
NICOTINE	11MG/24HR	PATCH TD24	PROSTEP
NICOTINE	22MG/24HR	PATCH TD24	PROSTEP
NICOTINE	5MG/16HR	PATCH TD24	NICOTROL 5MG/16HR PATCH
NICOTINE	10MG/16HR	PATCH TD24	NICOTROL 10MG/16HR PATCH
NICOTINE	15MG/16HR	PATCH TD24	NICOTROL 15MG/16HR PATCH
NICOTINE POLACRILEX	2MG	GUM	NICORETTE
NICOTINE POLACRILEX	4MG	GUM	NICORETTE
BUPROPION HCL	150MG	TABLET SA	ZYBAN 150MG TABLET SA

• These products will be covered for Medicaid and State Medical Program beneficiaries. (NOTE: Children's Special Health Care Services (CSHCS) beneficiaries are not covered.)

The requirements for smoking treatment these products are as follows:

- Prior authorization is required and may be requested by the dispensing pharmacist.
- Authorization will be limited to one consecutive 3-month period in a year.
- Prescription order is required for coverage.
- Only nicotine replacement products made by Medicaid approved manufacturers will be covered.
- Only one prescription of 30 patches or 108 pieces of gum may be billed per rolling 30 days.
- Only one prescription of 60 tablets for ZYBAN may be billed per rolling 30 days.
- A beneficiary may be provided both a nicotine replacement drug and Zyban at the same time, however both are individually limited to a 3-month period.

In order to receive prior authorization for the product, the pharmacist contacts FIRST HEALTH SERVICES Clinical Call Center at 877-864-9014 toll free.