Arkansas Medicaid covers generic Zyban (bupropion for tobacco cessation) and nicotine replacement therapy (NRT), either nicotine gum or nicotine patches, through the Medicaid Prescription Drug Program.

A. Physician providers may participate by prescribing covered tobacco cessation products.
   1. The reimbursement to the pharmacy provider for the products is available for up to two 93-day courses of treatment within a calendar year.
   2. Beneficiaries who are pregnant are allowed up to four 93-day courses of treatment per calendar year.
   3. One course of treatment is three consecutive months.

B. Counseling by the prescriber is required to obtain initial prior authorization (PA) coverage of the products. Counseling consists of reviewing the Public Health Service (PHS) guideline-based checklist with the patient. The prescriber must retain the counseling checklist in the patient records for audit. A copy of the checklist is available on the Medicaid website at https://arkansas.magellanrx.com/provider/docs/rxinfo/guideline.doc. Subsequent prior authorizations will require prescriber referral to an intensive tobacco cessation program, such as SOS Works. A referral form will also be available on the Medicaid website.

C. Counseling procedures do not count against the twelve visits per state fiscal year (SFY), but they are limited to no more than two 15-minute units and two 30-minute units for a maximum allowable of four units per SFY.

D. Additional prescription benefits will be allowed per month for tobacco cessation products during the approved PA period and will not be counted against the monthly prescription benefit limit. One benefit will be allowed for generic Zyban if the physician believes that generic Zyban therapy is appropriate and one benefit for NRT, either nicotine gum or patches.

E. Arkansas Medicaid will provide coverage of prescription and over the counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in “Treating Tobacco Use and Dependence - 2008 Update: A Clinical Practice Guideline” published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

F. Refer to Section 292.900 for procedure codes and billing instructions.