

# Writing Tobacco Use Treatment Prescriptions for New York State Medicaid Patients

**PURPOSE:** The purpose of this tool is to assist Prescribers in writing Tobacco Use Treatment Prescriptions for New York State Medicaid (including Medicaid managed care) patients

## TIPS:

- ✓ Prescribe the generic product when available. Prescribing a brand name product when a generic equivalent is available may require prior authorization
- ✓ Submit a prescription or fiscal order (a fiscal order contains all the same information contained on a prescription) for all Tobacco Use Treatment (TUT) medications including those that are available over the counter
- ✓ Prescriptions for Medicaid patients can be written for up to a 30 day supply with five refills. Additional refills will require a new prescription. To ensure that you do not exceed the claim quantity, use the term “one month supply” for each script
- ✓ All TUT medications, including those available over the counter, can be prescribed for individuals 18 years or older
- ✓ Educate patient on the proper way to use Tobacco Use Treatment medication especially NRT. Click [here](#) for instructions
- ✓ Using Varenicline only or Combination Nicotine Replacement Therapy (NRT) are highly effective first-line therapies

### Varenicline:

Studies have shown Varenicline to be more effective than bupropion and NRT

Based on evidence from a large scale clinical trial, the FDA determined that there was no significant risk of increased depression or suicidal thoughts due to Varenicline (Chantix) and removed the Black Box warning

### Combination Nicotine Therapy:

Involves the use of a long acting nicotine formulation (patch) in combination with a short acting formulation (gum, lozenge, inhaler, or nasal spray)

## Acknowledgments

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Medication		Covered By All MMC Plans * indicates that the generic product is not generally available so prescribing the brand name is the default option	Dosage(s)	Quantity/ Supply Limits & Refills	Maximum Daily Dosage & Age Limits	Prescription Examples  NOTE: The examples below are how to write tobacco use treatment prescriptions and not suggested medication regimens. Every tobacco user is different so treatment should be individualized to fit their needs.
Nicotine Replacement Therapy (NRT)	 <b>Patch</b> Long Acting NRT	<b>Nicotine Patch</b>	7 mg 14 mg 21 mg	30 patches per 30 days Refills 5	1 patch per day Not covered less than <b>18</b> Years of Age	<b>Nicotine Patch 21 mg:</b> Apply 1 patch daily. Do not exceed 1 patch a day 1 month supply / X5 refills <b>Common box sizes include:</b> 7 patches, 14 patches, 21 patches, and 28 patches
	 <b>Gum</b> Short acting NRT	<b>Nicotine Gum</b>	2 mg 4 mg	720 pieces per 30 days Refills 5	24 pieces per day Not covered less than <b>18</b> Years of Age	<b>Nicotine Gum 4mg:</b> Chew 1 piece every 1-2 hours prn. Do not exceed 24 pieces per day 1 month supply / X5 refills <b>Common box sizes include:</b> 10 pieces, 20 pieces, 100 pieces, 170 pieces
	 <b>Lozenge</b> Short acting NRT	<b>Nicotine Lozenge</b>	2 mg 4 mg	600 pieces per 30 days Refills 5	20 pieces per day Not covered less than <b>18</b> Years of Age	<b>Nicotine Lozenge 4mg:</b> Place 1 piece and allow to dissolve on tongue every 1-2 hours prn. Do not exceed 20 pieces per day 1 month supply / X5 refills <b>Common box sizes include:</b> 24 pieces, 72 pieces, 108 pieces, 170 pieces
	 <b>Nasal spray</b> Short acting NRT	* <b>Nicotrol NS Spray</b>	10 mg/mL, is supplied as four 10 mL bottles per box  0.5 mg is equal to 1 spray 1 dose equals 2 sprays	<b>VARIES</b> Refills 5	1-2 sprays per hour 40 sprays per day  Not covered less than <b>18</b> Years of Age	<b>Nicotrol NS:</b> Use 1-2 sprays per nostril every one hour as needed. Do not exceed 40 sprays per day 1 month supply / X5 refills <b>Common box sizes include:</b> 4 bottles per box
	 <b>Inhaler</b> Short acting NRT	* <b>Nicotrol Inhaler</b>	10 mg is in each cartridge only 4 mg is delivered	<b>VARIES</b> Refills 5	16 cartridges per day Not covered less than <b>18</b> Years of Age	<b>Nicotrol Inhaler:</b> Inhale 1 cartridge continuously over 20 mins as needed. Do not exceed 16 cartridges per day 1 month supply / X 5 refills <b>Common box sizes include:</b> 42 cartridges per box, 168 cartridges per box
	<b>Combination Therapy</b>  Long Acting NRT + Short Acting NRT	<b>Long acting NRT- Patch + Any short acting- NRT- Gum, Lozenge, Nasal Spray or Inhaler</b>				
 <b>Bupropion Hcl</b> (Zyban®, Wellbutrin®)	<b>Bupropion Hcl</b> CANNOT be combined with NRT Dosing based on starting vs continuing please see prescribing cart	150 mg	60 tabs per 30 days Refills 5	2 tabs per day Not covered less than <b>18</b> Years of Age	<b>Bupropion Hcl 150mg:</b> Take 1 tablet two times a day. # 60 X5 refills	
 <b>Varenicline</b> (Chantix®)	* <b>Chantix</b>  CANNOT be combined with NRT	0.5 mg 1 mg	0.5 mg ---120 tabs per 30 days 1 mg ---60 tabs per 30 days Refills 5	0.5 mg--- 4 tabs per day 1 mg---2 tab per day Not covered less than <b>18</b> Years of Age	<b>Chantix 1mg:</b> Take 1 tablet two times a day. #30 X5 refills	

Chart is based on Smoking Cessation Benefit Update listed in the New York State Medicaid Update - March 2017 Volume 33 - Number 3 ([https://www.health.ny.gov/health\\_care/medicaid/program/update/2017/2017-03.htm#smokingcess](https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-03.htm#smokingcess))

To verify smoking cessation medication coverage by NYS Medicaid Managed Care plans visit (<https://mmcdruginformation.nysdoh.suny.edu/search/>)

Talk to your patients - Website that provides information on how to prescribe tobacco use treatment medication to patients and includes a Prescribing Chart (<https://talktoyourpatients.health.ny.gov/medication>)

**Note:** Zyban® and Wellbutrin® are registered trademarks of GlaxoSmithkline. Chantix® is a registered trademark of Pfizer, Inc. The use of brand names does not imply endorsement of any product by CAI-Global. Please consult prescribing information for complete usage and safety information.