



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH
Commissioner



Office of
Mental Health

Ann Marie T. Sullivan, M.D.
Commissioner

January 16, 2018

Dear Colleague:

As mental health care providers, we know that cigarette smoking affects the individuals you serve more than the general population. Persons with mental illnesses use tobacco at much higher rates than others, and have not benefited from recent population-level reductions in smoking rates. These remarkably high smoking rates greatly contribute to the well documented premature mortality among individuals with serious mental illnesses. Fortunately, we know that there is much we can do to assist our patients in successfully quitting, and therefore greatly improving their long-term health and well-being. Medications to assist our patients, including but not limited to nicotine replacement therapy (NRT) to mitigate nicotine withdrawal, are a vital component of tobacco cessation treatment.

Recently, New York State (NYS) Medicaid policy changes have mandated that all 18 Medicaid managed care plans in the State make it easier to prescribe medications to facilitate smoking cessation:

NYS Medicaid removed the two-course annual limit for smoking cessation medications. This includes all seven US Food and Drug Administration (FDA)-approved cessation medications, as well as combinations of long- and short-acting medications.

NYS Medicaid removed prior authorization for prescribing cessation medication (except for brand-name products when generics are available).

Additionally, recent FDA policies are relevant:

FDA approved the removal of the warning about using two forms of nicotine simultaneously, indicating that there are no significant safety concerns with prescribing combination NRT, or using NRT with another nicotine-containing product, including cigarettes.

FDA approved the removal of guidance that had limited NRT use to 8–12 weeks, and removal of the warning about potential neuropsychiatric side effects for both varenicline and bupropion when used for smoking cessation.

NYS has had great success in reducing smoking rates over the past two decades. However, we still have a long way to go, especially for individuals with mental illnesses. These changes to Medicaid benefits and FDA policy provide critical tools in your work to improve the health of the individuals we serve every day.

Sincerely,

Ann Marie T. Sullivan, MD
Commissioner
NYS Office of Mental Health

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