



Iowa Medicaid Coverage of Tobacco Cessation Treatments
Informational Letter: [PA removed for tobacco cessation products \(04/04/2019\)](#)

Health Plans	Medications Covered	Counseling Covered	Limitations/Notes	Sources
Fee-for-service	NRT Gum NRT Lozenge NRT Patch NRT Inhaler NRT Nasal Spray Bupropion Varenicline	Individual Phone Group	<p>Required Counseling: varenicline, patches, gum</p> <p>Step Therapy: NRT inhaler and nasal spray</p> <p>Duration limit: varenicline, bupropion; NRTs- 8 weeks total, 4 week shipments</p> <p>Annual Limit: 24 weeks of treatment within 12 months</p> <p><i>Quantity limits on all medications</i></p>	<p>Iowa Medicaid PDL (2/1/2020)</p> <p>Iowa Medicaid Smoking Cessation Program</p> <p>State of Iowa Department of Human Services – Informational Letter No. 679 (2008)</p> <p>State of Iowa Department of Human Services – Informational Letter No. 1354</p> <p>Iowa Medicaid Request for PA Smoking Cessation Therapy- Oral</p> <p>PA request form for non-preferred meds</p> <p>List of Benefits</p>

Health Plans	Medications Covered	Counseling Covered	Limitations/Notes	Sources
Amerigroup Iowa	NRT Gum NRT Lozenge NRT Patch NRT Inhaler NRT Nasal Spray Bupropion Varenicline	Individual Phone Group	<p>Required Counseling: varenicline, patches, gum</p> <p>Step Therapy: NRT inhaler and nasal spray</p> <p>Duration limit: varenicline, bupropion; NRTs- 8 weeks total, 4 week shipments</p> <p>Annual Limit: 24 weeks of treatment within 12 months</p> <p><i>Quantity limits on all medications</i></p>	<p>Iowa Medicaid PDL (2/1/2020)</p> <p>Amerigroup Iowa Smoking Cessation Therapy Prior Authorization of Benefits Form</p> <p>Amerigroup Iowa Provider Manual</p> <p>Amerigroup Member Handbook</p> <p>Amerigroup Extra Benefits Booklet</p> <p>PA request form for non-preferred meds</p>
Iowa Total Care	NRT Gum NRT Lozenge NRT Patch NRT Inhaler NRT Nasal Spray Bupropion Varenicline	Individual Phone Group	<p>Required Counseling: varenicline, patches, gum</p> <p>Step Therapy: NRT inhaler and nasal spray</p> <p>Duration limit: varenicline, bupropion; NRTs- 8 weeks total, 4 week shipments</p> <p>Annual Limit: 24 weeks of treatment within 12 months</p> <p><i>Quantity limits on all medications</i></p>	<p>Iowa Medicaid PDL (2/1/2020)</p> <p>Iowa Total Care Member Handbook (2020)</p> <p>Iowa Total Care PA form smoking cessation therapy- oral</p> <p>Stop Smoking Resource Page</p> <p>PA request form for non-preferred meds</p>

	Coverage	Duration Limit	Lifetime Limit	Annual Limit	Prior Authorization	Copay	Step Therapy	Counseling Required	Dollar Limits	Other Limits
Gum	Y	Y		Y				Y		QL
Lozenge	Y	Y		Y				Y		QL
Patch	Y	Y		Y				Y		QL
Inhaler	Y	Y		Y			Y	Y		QL
Nasal Spray	Y	Y		Y			Y	Y		QL
Bupropion	Y	Y		Y				Y		QL
Varenicline	Y	Y		Y				Y		QL
Individual Counseling	Y									QL
Group Counseling	Y	N/A			N/A	N/A	N/A	N/A	N/A	N/A
Phone Counseling	Y	N			N	N	N	N/A	N	QL