

## Coverage of Tobacco Cessation Treatments

Health Plans	Medications Covered	Counseling Covered – Individual, Group and Phone	Limitations/Notes	Sources
Fee-for-service	<p><b>Preferred products</b></p> <ul style="list-style-type: none"> <li>-Nicotine gum 2/4mg</li> <li>-Nicotine lozenge 2/4mg</li> <li>-Nicotine patch 7/14/21mg</li> <li>-Bupropion HCl</li> <li>-Varenicline</li> <li>-Chantix</li> </ul> <p><b>Nonpreferred products</b></p> <ul style="list-style-type: none"> <li>-Nicotrol inhaler and nasal spray solution</li> </ul>	Yes	<p>Pharmacy PA required for those &lt; 18 years of age</p> <p>Pharmacy PA required for Nonpreferred products (Nicotrol Inhaler and Nicotrol Nasal Spray)</p> <p>Quantity limits implemented</p> <p>Annual limit: cumulative 168 days per 12-month period for all medications.</p>	<p>Iowa Medicaid Pharmacy Preferred Drug List</p> <p>Iowa Medicaid Quantity Limit List</p> <p>Iowa Medicaid Fee Schedule</p> <p>Iowa HHS Informational Letter #2004</p>
Wellpoint	<p>All the same tobacco cessation medications as FFS Medicaid, to include all the various forms of NRT, varenicline, and bupropion.</p> <p><b>Preferred products</b></p> <ul style="list-style-type: none"> <li>-Nicotine gum 2/4mg</li> <li>-Nicotine lozenge 2/4mg</li> <li>-Nicotine patch 7/14/21mg</li> <li>-Bupropion HCl</li> <li>-Varenicline</li> <li>-Chantix</li> </ul> <p><b>Nonpreferred products</b></p> <ul style="list-style-type: none"> <li>-Nicotrol inhaler and nasal spray solution</li> </ul>	Yes	<p>Pharmacy PA required for those &lt; 18 years of age</p> <p>Pharmacy PA required for Nonpreferred products (Nicotrol Inhaler and Nicotrol Nasal Spray)</p> <p>Quantity limits implemented</p> <p>Annual limit: cumulative 168 days per 12-month period for all medications.</p>	<p>Iowa Medicaid Pharmacy Preferred Drug List</p> <p>Iowa Medicaid Quantity Limit List</p> <p>Iowa Medicaid Fee Schedule</p> <p>Iowa HHS Informational Letter #2004</p> <p>Wellpoint Member Handbook</p>

Health Plans	Medications Covered	Counseling Covered – Individual, Group and Phone	Limitations/Notes	Sources
Iowa Total Care	<p>All the same tobacco cessation medications as FFS Medicaid, to include all the various forms of NRT, varenicline, and bupropion.</p> <p><b>Preferred products</b>            -Nicotine gum 2/4mg            -Nicotine lozenge 2/4mg            -Nicotine patch 7/14/21mg            -Bupropion HCl            -Varenicline            -Chantix</p> <p><b>Nonpreferred products</b>            -Nicotrol inhaler and nasal spray solution</p>	Yes	<p>Pharmacy PA required for those &lt; 18 years of age</p> <p>Pharmacy PA required for Nonpreferred products (Nicotrol Inhaler and Nicotrol Nasal Spray)</p> <p>Quantity limits implemented</p> <p>Annual limit: cumulative 168 days per 12-month period for all medications.</p>	<p>Iowa Medicaid Pharmacy Preferred Drug List</p> <p>Iowa Medicaid Quantity Limit List</p> <p>Iowa Medicaid Fee Schedule</p> <p>Iowa HHS Informational Letter #2004</p> <p>Iowa Total Care Member Handbook</p>
Molina Healthcare of Iowa	<p>All the same tobacco cessation medications as FFS Medicaid, to include all the various forms of NRT, varenicline, and bupropion.</p> <p><b>Preferred products</b>            -Nicotine gum 2/4mg            -Nicotine lozenge 2/4mg            -Nicotine patch 7/14/21mg            -Bupropion HCl            -Varenicline            -Chantix</p> <p><b>Nonpreferred products</b>            -Nicotrol inhaler and nasal spray solution</p>	Yes	<p>Pharmacy PA required for those &lt; 18 years of age</p> <p>Pharmacy PA required for Nonpreferred products (Nicotrol Inhaler and Nicotrol Nasal Spray)</p> <p>Quantity limits implemented</p> <p>Annual limit: cumulative 168 days per 12-month period for all medications.</p>	<p>Iowa Medicaid Pharmacy Preferred Drug List</p> <p>Iowa Medicaid Quantity Limit List</p> <p>Iowa Medicaid Fee Schedule</p> <p>Iowa HHS Informational Letter #2004</p> <p>Molina Member Handbook</p>

**Cost sharing, copay, prior authorization, annual limits, duration limits, lifetime limits, required counseling, or step-therapy**

	<b>Cost-sharing</b>	<b>Prior Authorization</b>	<b>Duration Limit</b>	<b>Annual Limit</b>	<b>Step-Therapy</b>	<b>Required Counseling</b>	<b>Lifetime Limits</b>
Fee for Service	\$1.00 copay per prescription fill for applicable members	Yes – for medications for members under 18, and for Nicotrol inhaler and Nicotrol nasal spray solution.	Quantity limits implemented dependent on medication – see Quantity Limit list.	168 day supply every 12 months on medications.	No – however, Non-Preferred PA criteria does require trial with preferred product.	No	No
Wellpoint	No	Yes – for medications for members under 18, and for Nicotrol inhaler and Nicotrol nasal spray solution.	Quantity limits implemented dependent on medication – see Quantity Limit list.	168 day supply every 12 months on medications.	No – however, Non-Preferred PA criteria does require trial with preferred product.	No	No
Iowa Total Care	No	Yes – for medications for members under 18, and for Nicotrol inhaler and Nicotrol nasal spray solution.	Quantity limits implemented dependent on medication – see Quantity Limit list.	168 day supply every 12 months on medications.	No – however, Non-Preferred PA criteria does require trial with preferred product.	No	No
Molina Healthcare of Iowa	No	Yes – for medications for members under 18, and for Nicotrol inhaler and Nicotrol nasal spray solution.	Quantity limits implemented dependent on medication – see Quantity Limit list.	168 day supply every 12 months on medications.	No – however, Non-Preferred PA criteria does require trial with preferred product.	No	No