

## HAP Empowered Medicaid

### Smoking Cessation Program Formulary

FY 2019

The coverage details are listed below:

Product	Formulary Status	Criteria
Transdermal Nicotine Patch (generic)  7mg, 14mg, 21mg	OTC Covered  Quantity Limit:	30 patches / 30 days.  <i>Concurrent therapy with Nicotine polacrilex gum or lozenge is encouraged.</i>
Nicotine Polacrilex (Gum and Lozenge)  2mg & 4mg	OTC Covered  Quantity Limits:	GUM 2mg: 30 pieces / day  GUM 4mg: 24 pieces / day  or  LOZENGE: 20 pieces / day  <i>Concurrent therapy with Transdermal Nicotine patch is encouraged.</i>
Bupropion (Zyban)  or  Wellbutrin 150mg	Covered  Quantity Limit:	QL: 60 tablets every 30 days
Nicotine Inhaler (Nicotrol)	Covered  Quantity Limit:	QL: 168 cartridges / 30 days
Nicotine Nasal Solution (Nicotrol NS)	Covered  Quantity Limit:	QL: 40 / 30 days
Chantix 0.5 and 1mg tablet	Covered  Quantity Limit	QL: 2 / day