

## 2022 Medicaid Tobacco Cessation Program Formulary

The coverage details are listed below:

Product	Formulary Status	Criteria
Transdermal Nicotine Patch (generic) 7mg, 14mg, 21mg	OTC Covered with Prescription  Quantity Limit:	QL: 1 patch / day <i>Using the patch with gum or lozenge is encouraged.</i>
Nicotine Polacrilex (Gum and Lozenge) 2mg & 4mg	OTC Covered with Prescription  Quantity Limits:	GUM 2mg: 30 pieces / day GUM 4mg: 24 pieces / day or LOZENGE: 20 pieces / day <i>Using the patch with gum or lozenge is encouraged.</i>
Bupropion SR 150mg Tab (Zyban)	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: 40ml / 30 days
Varenicline 0.5 and 1mg tablet	Covered Quantity Limit	QL: 2 tablets / day

0033\_HAP Empowered Medicaid Smoking Cessation Formulary FY2022  
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