

Suggested Changes to Medicaid Coverage of Tobacco Cessation

In fiscal year 2007 only 41 claims for cessation counseling and 969 prescriptions for cessation pharmacotherapies were billed to Alaska Medicaid, confirming the necessity to reduce access barriers to this benefit.¹ The following recommendations are the result of a statewide taskforce and are designed to not only reduce benefit usage barriers, but additionally bring the AK Medicaid benefit in line with the United States Public Health Service best practice treatment guidelines for tobacco use and dependence.

Purpose of Visit

Purpose of Visit (POV) is the primary documented reason for which a patient presents for services from a healthcare provider. The USPHS Treating Tobacco Use and Dependence guidelines recommend implementation of services that ensure that tobacco use is assessed, documented, and addressed for “every patient for every visit regardless of the reason for the visit” (USPHS Treating Tobacco Use and Dependence 2000, pg 44).

Recommendation: Cover tobacco cessation treatment services (counseling and pharmacotherapies) for any tobacco using patient at every visit regardless of POV.

Combination Therapy

Research and best practice treatment guidelines recommend use of various cessation pharmacotherapies in combination to increase quit rates (USPHS Treating Tobacco Use and Dependence 2008, pg 44-45, 109, 118-121). A recent Morbidity and Mortality Weekly Report states that Medicaid plans that do not cover combination therapy are inconsistent with treatment guidelines (MMWR February 8, 2008 57(05); 117-122). Specific combination therapy recommendations found in the 2008 USPHS Treating Tobacco Use and Dependence guidelines are:

- Nicotine patch - and nasal spray or gum or inhaler (pg 118, 121)
- Bupropion SR - and nicotine patch (pg 118, 121)

The 2008 guidelines also state that clinicians should consider the first-line medications shown to be more effective than the nicotine patch alone such as Patch use + *ad libitum* NRT (pg 44). In practice in Alaska the following combinations are also commonly used:

- Nicotine patch – and lozenge
- Bupropion SR and nicotine patch – and nasal spray or gum or lozenge or inhaler

Recommendation: Cover combination therapies as outlined above.

Nicotine Patch Failure

Stepped-care therapy approaches to coverage of cessation pharmacotherapies, such as mandating patch failure prior to coverage of other NRT choices, are inconsistent with best practice treatment guidelines (MMWR February 8, 2008 57(05); 117-122). Bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, nicotine patch, varenicline, and the nicotine lozenge are all considered first-line medications for tobacco cessation (USPHS Treating Tobacco Use and Dependence 2008, pg 44). “Because of the lack of sufficient data to rank order these medications, choice of a specific first line

pharmacotherapy must be guided by factors such as clinician familiarity with the medications, contraindications for selected patients, patient preference, previous patient experience with a specific pharmacotherapy (positive or negative), and patient characteristics (e.g. history of depression, concerns about weight gain)” (USPHS Treating Tobacco Use and Dependence 2000, pg. 26). “Unfortunately there are not well-accepted algorithms to guide optimal selection among the first line medications” (USPHS Treating Tobacco Use and Dependence 2008 pg 44).”

Recommendation: Cover the nicotine gum, lozenge and nasal spray without a requirement for prior nicotine patch “failure.”

Prior Authorization

In Alaska there are prior authorization limitations on all first-line tobacco cessation pharmacotherapies, except the antidepressant bupropion SR (brand name Zyban).^{*} Four of these limited drugs are available in the generic form, and three are over-the-counter medications. Currently twenty other state Medicaid benefits have no prior authorization requirements for any cessation pharmacotherapies (MMWR February 8, 2008 57(05); 117-122).

Recommendation: Eliminate prior authorization limitations for tobacco cessation pharmacotherapies.

First Line Pharmacotherapy

The nicotine inhaler is a first-line pharmacotherapy for tobacco cessation and is recommended by the USPHS treatment guidelines (USPHS Treating Tobacco Use and Dependence 2008, pg. 44, 121)

Recommendation: Cover the nicotine inhaler.

Tobacco Cessation Counseling Approved Providers

The USPHS tobacco treatment guidelines outline two levels of tobacco use best practice interventions; clinical (brief) and intensive. While brief interventions are a good fit for busy clinicians and can culminate in a referral for intensive treatment, they are less effective than intensive interventions (USPHS Treating Tobacco Use and Dependence 2008, pg. 63, 83-86). Accordingly, the Alaska Tobacco Quitline and statewide regional cessation programs offer intensive cognitive-behavioral interventions which consist of an initial intake session (30min-1hr) and a series of shorter follow-up calls on an evidence-based schedule over the course of a year. With critical clinician shortages affecting access to basic medical care throughout Alaska, it is unrealistic to expect physicians and mid-levels to provide this level of service.^{2, 3} Currently in Alaska, and nationwide, these services are provided by trained Tobacco Treatment Specialists (TTSs) who meet standards set forth by the Association for the Treatment of Tobacco Use and Dependence

^{*} Nortriptyline also does not require prior authorization under AK Medicaid, however, as stated by the USPHS guidelines, this is a 2nd line medication which is not commonly recommended due to many known side-effects and is not FDA approved as a tobacco dependence treatment (2008 USPHS Treating Tobacco Use and Dependence, pg. 116). It is not utilized by the Alaska Tobacco Quitline or any of the regional cessation programs in Alaska. It is on the Medicaid formulary as it is used as a treatment for other non-tobacco conditions.

(ATTUD). Other state Medicaid plans cover tobacco cessation counseling provided by TTSs; MassHealth (Massachusetts Medicaid) is a prime example.

Recommendation: Cover tobacco cessation counseling services provided by qualified Tobacco Treatment Specialists.

¹ State of Alaska DHHS, Renee Stangl, Medical Assistance Administrator.

² *Securing an Adequate Number of Physicians for Alaska's Needs: Report of the Alaska Physician Supply Task Force August 2006*. State of Alaska DHSS, University of Alaska, CDC, <http://www.kidsdontfloat.alaska.gov/commissioner/Healthplanning/publications/assets/PSTF-06.pdf>.

³ *University/Industry Alaskan Nursing Education Task Force Final Report: April 2002*. Funded by HRSA. <http://nursing.uaa.alaska.edu/growth/files/Final%20NETF%20Report.doc>.