

Smoking Cessation Services Guidance



1.800.QUITNOW

QUITNOWALABAMA.COM

1-800-784-8669



KAY IVEY
Governor

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STEPHANIE MCGEE AZAR
Commissioner

Dear Medicaid Healthcare Provider:

Tobacco use is the number one cause of preventable death and disease in Alabama and in the USA. Seventy percent of tobacco users report they want to quit, but they do not know where to start.

Because of several factors, Medicaid patients have a higher prevalence rate than the general population. Helping patients quit tobacco can result in lower medical costs and better health outcomes.

According to the Centers for Disease Control and Prevention, smokers cite health care professional advice to quit as an important motivator for attempting to stop smoking. Please ask every patient on every visit about tobacco use and advise them to quit. If they are ready to quit, consider referring them to the Alabama Tobacco Quitline.

This packet of materials includes forms and information on helping patients access Medicaid cessation benefits. The Quitline, a free service to help tobacco users quit, provides up to four scheduled counseling calls from certified tobacco treatment specialists. The U.S. Public Health Service's updated guideline, Treating Tobacco Use and Dependence: 2008 Update, found that Quitline counseling can more than double a smoker's chances of quitting, and Quitline counseling combined with medication (such as nicotine replacement therapy) can more than triple the chances of quitting. Medicaid covers nicotine patches, gum, lozenges, inhalers, nasal spray, varenicline, and Bupropion SR, at a minimal fee through the Medicaid pharmacy benefit.

The Alabama Medicaid Agency and the Alabama Department of Public Health are committed to helping patients quit tobacco using the evidence-based information provided in this packet. Please help by advising patients to quit, referring them to the Quitline, and prescribing medications.

Thank you for helping your patients quit tobacco.

Dr. Robert Moon, Chief Medical Officer
Deputy Commissioner, Health Systems
Alabama Medicaid Agency

Dr. Scott Harris, State Health Officer
Alabama Department of Public Health

Alabama Medicaid Tobacco Treatment Coverage

Covered Services/Medication

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1. Free tobacco cessation counseling is provided through the Alabama Tobacco Quitline. Refer patient to Quitline by faxing signed referral consent form to the Quitline at 1-800-692-9023 Consent form can be found at <http://www.alabamapublichealth.gov/tobacco/assets/faxreferralform.pdf>
2. Prescribe any of the seven approved medications** for cessation, if patient is eligible.
3. Fax **both** the Alabama Medicaid Pharmacy Smoking Cessation Prior Authorization Request Form and Quitline referral form to Health Information Design, 1-800-748-0116.
4. Fax Quitline referral form to Quitline at 1-800-692-9023.
5. Give prescription to patient or send to pharmacy. Please tell patient to wait 24 hours before picking up prescription to give Medicaid time for approval process.

Plan First Recipients do not require prior approval for smoking cessation products. The Smoking Cessation Prior Authorization Request Form should not be submitted for those recipients.

**Approved cessation medications include nicotine patches, gum, lozenges, inhalers, nasal spray, varenicline and Bupropion SR, according to Treating Tobacco Use and Dependence, U.S. Clinical Practice Guidelines, 2008.

Alabama Medicaid Pharmacy
Smoking Cessation
Prior Authorization Request Form

FAX: (800) 748-0116
Phone: (800) 748-0130

Fax or Mail to
Health Information Designs

P.O. Box 3210
Auburn, AL 36832-3210

PATIENT INFORMATION

Patient Name _____ Patient Medicaid # _____
Patient DOB _____ Patient Phone # with area code _____

PRESCRIBER INFORMATION

Prescriber Name _____ NPI # _____ License # _____
Phone # with area code _____ Fax # with area code _____
Address (optional) _____

I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.

Prescribing Provider Date

DRUG/CLINICAL INFORMATION

Drug requested* _____ Strength _____
Drug Code _____ Qty. per month _____ Days supply _____
Duration of therapy _____ Initial Request Renewal Request

A copy of the Department of Public Health's Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient must be submitted to the Quitline. **Additionally, a copy of the Consent Form *must be submitted along with this Prior Authorization Request form to Health Information Designs for approval.*** The form can be found at <http://www.alabamapublichealth.gov/tobacco/assets/faxreferralform.pdf>.

Only one quit attempt will be approved per calendar year.

Plan First Recipients do not require prior approval for smoking cessation products. The Smoking Cessation Prior Authorization Request Form should not be submitted for those recipients.

If the requested drug is a brand name drug with an exact generic equivalent available, the FDA MedWatch Form 3500 must be submitted to HID in addition to the PA Request Form.

DISPENSING PHARMACY INFORMATION

May Be Completed by Pharmacy

Dispensing Pharmacy _____ NPI # _____
Phone # with area code _____ Fax # with area code _____

FAX REFERRAL FORM

Updated 2017

1.800.QUITNOW

QUITNOWALABAMA.COM

1-800-784-8669

To be contacted by **Quit Now Alabama**, fax this completed form to: **1-800-692-9023—fax # effective April 1, 2017**

REFERRING ORGANIZATION: Complete this section

Organization/ Practice	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	
Fax () -	<i>If you do not wish to receive fax-back updates on patient referrals enter NA for fax number.</i>
Referrer Signature	Date

Are you a Medical Provider: Yes No *If Yes, please provide credentials: _____*
Please Check: Participant agreed to be referred to **Quit Now Alabama**.

PROVIDER: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions: Pregnant/Breastfeeding Recent heart attack (past 2 weeks)
 Recent stroke (past 2 weeks) Unmanaged high blood pressure Unmanaged heart arrhythmia OR Under 18 years old

If yes, please sign to authorize **Quit Now Alabama** to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, **Quit Now Alabama** cannot dispense medication.

Provider Signature	Date
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PATIENT: Complete this section

_____, Yes, I am ready to quit and ask that a coach call me. I understand that **Quit Now Alabama** may inform the referring party about my participation.

Initial

Best times to call: Morning Afternoon Evening Weekend

May we leave a message: Yes No

Date of Birth? / / Gender Male Female

Patient Name (Last) (First)

Address City State

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language English Spanish Other _____

Patient Signature Date

If no patient signature available: Check to Verify Patient Consent is on File.

The Quit Now Alabama Program will call you within 24 hours of receiving this referral. The call will come from "800-784-8669." In addition the Quitline is open 7 days a week.

FOR QUITLINE REFERRAL, PLEASE FAX COMPLETED FORM TO: **1-800-692-9023**

For additional forms, visit <http://alabamapublichealth.gov/tobacco/>

Smoking Cessation Medications – Dosing Guidelines for Alabama Medicaid Covered Products – June 2018

	Zyban®	Chantix®	Nicotine Nasal Spray	Nicotine Inhalation	Nicotine Gum	Nicotine Lozenge	Nicotine Patch
Available Products	Zyban®, bupropion SR 150 mg tablets <i>Rx only</i>	Chantix® varenicline 0.5 mg, 1 mg tablets Starting Month PAK Continuing Month PAK <i>Rx only</i>	Nicotrol® NS 0.5 mg nicotine in 50 mcL nicotine solution (1 spray = 0.5 mg nicotine) <i>Rx only</i>	Nicotrol® Inhaler 10 mg cartridge delivers 4 mg inhaled nicotine vapor <i>Rx only</i>	Nicorette®, generic products available 2 mg, 4 mg <i>OTC</i>	Nicorette®, generic products available 2 mg, 4 mg <i>OTC</i>	NicoDerm CQ®, generic products available 7 mg, 14 mg, 21 mg <i>OTC</i>
Dosing	<p>Days 1-3: 150 mg daily</p> <p>Then increase to 150 mg BID</p> <ul style="list-style-type: none"> Initiate therapy while patient is still smoking Set a “target quit date” within the first 2 weeks of treatment Take at the same time daily Separate doses by 8 hrs Do not exceed 300 mg/day Continue treatment for 7-12 wks 	<p>Days 1-3: 0.5 mg daily</p> <p>Days 4-7: 0.5 mg BID</p> <p>Day 8 – end of treatment: 1 mg BID</p> <ul style="list-style-type: none"> Begin 1 wk before the “target quit date” Take after eating and with a full glass of water Treatment duration: 12 weeks Additional 12-wk course may be used for patients who have stopped smoking to increase likelihood of long-term abstinence 	<p>1 spray into each nostril 1-2 times/hr</p> <p>*1 dose = 2 sprays (1 in each nostril)*</p> <p>Initial dose should be at least 8 doses/day</p> <ul style="list-style-type: none"> Patients must stop smoking completely Do not use > 5 doses/hr Do not use > 40 doses/day Wait 5 mins before driving or operating machinery Do not drink or eat 15 mins before or during use Treatment duration: up to 3 months 	<p>Initial dose for at least 3-6 wks & up to 12 wks: 6-16 cartridges/day</p> <ul style="list-style-type: none"> Patients must stop smoking completely Best effect with frequent continuous puffing (20 mins) Inhale into the back of the throat not into the lungs Gradually reduce daily dosage after 12 wks of therapy Do not use > 16 cartridges/day Do not drink or eat 15 mins before or during use Treatment duration: up to 6 months 	<p>If 1st cigarette is > 30 mins after waking: 2 mg</p> <p>If 1st cigarette is ≤ 30 mins after waking: 4 mg</p> <p>Weeks 1-6: 1 q 1-2 hrs</p> <p>Weeks 7-9: 1 q 2-4 hrs</p> <p>Weeks 10-12: 1 q 4-8 hrs</p> <ul style="list-style-type: none"> Chew each piece slowly Do not drink or eat 15 mins before or during use Do not continuously use one piece after the other Do not use > 24 pieces/day Treatment duration: 12 wks 	<p>If 1st cigarette is > 30 mins after waking: 2 mg</p> <p>If 1st cigarette is ≤ 30 mins after waking: 4 mg</p> <p>Weeks 1-6: 1 q 1-2 hrs</p> <p>Weeks 7-9: 1 q 2-4 hrs</p> <p>Weeks 10-12: 1 q 4-8 hrs</p> <ul style="list-style-type: none"> Allow to dissolve slowly (20-30 mins) Do not drink or eat 15 mins before or during use Do not use > 5 lozenges in 6 hrs Do not use > 20 lozenges/day Treatment duration: 12 wks 	<p>< 10 cigarettes/day: 14 mg x 6 wks 7 mg x 2 wks</p> <p>≥ 10 cigarettes/day: 21 mg x 6 wks (21 mg x 4 wks if generic brand) 14 mg x 2 wks 7 mg x 2 wks</p> <ul style="list-style-type: none"> Patients must stop smoking Apply patch first thing in the morning Apply at the same time daily Do not wear more than 1 patch at a time Do not cut patch Patch may be worn for 16 or 24 hrs Treatment duration: 10 wks

Disclaimer: The products listed above may not be FDA approved for use in pregnancy. Prescribing providers must weigh the benefits and risks associated with these medications when prescribing to pregnant females.

References:

Zyban® [Prescribing Information]. Research Triangle Park, NC: GlaxoSmithKline; June 2016.

Chantix® [Prescribing Information]. New York, NY: Pfizer Labs; April 2018.

Nicotrol® NS [Prescribing Information]. New York, NY: Pfizer, Inc.; January 2010.

Nicotrol® Inhaler [Prescribing Information]. New York, NY: Pfizer, Inc.; December 2008.

Nicorette. In: Drug Facts and Comparisons [eFacts]. St. Louis: Wolters Kluwer Health [updated 2018 May, cited 2018 May]. Available from: <http://online.factsandcomparisons.com/MonoDisp.aspx?monolD=fandc-hcp12303&quick=537743%7c5&search=537743%7c5&isstemmed=true>

Nicoderm CQ. In: Facts and Comparisons [eFacts]. St. Louis: Wolters Kluwer Health [updated 2018 May, cited 2018 May]. Available from: <http://online.factsandcomparisons.com/MonoDisp.aspx?monolD=fandc-hcp13026&quick=537661%7c5&search=537661%7c5&isstemmed=true>