

# Smoking Cessation Services Guidance



**1.800.QUITNOW**

**QUITNOWALABAMA.COM**

**1-800-784-8669**



KAY IVEY  
Governor

# Alabama Medicaid Agency

501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624  
www.medicaid.alabama.gov  
e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799  
334-242-5000 1-800-362-1504



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

**1.800.QUITNOW**

**QUITNOWALABAMA.COM**

**1-800-784-8669**

**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

<https://www.alabamapublichealth.gov/tobacco/assets/faxreferralform.pdf>

### **Required steps for medication approval by Medicaid:**

1. Prescribe any of the seven approved medications\*\* for cessation, if patient is eligible.
2. Fax **both** the Alabama Medicaid Pharmacy Smoking Cessation Prior Authorization (PA) Request Form **AND** the Quitline referral form to Acentra Health, 1-800-748-0116. PA Form is available at <https://www.alabamapublichealth.gov/tobacco/assets/priorauthorizationform.pdf>
3. Fax Quitline referral form to Quitline at 1-800-692-9023.

**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**  
**Acentra Health**

**P.O. Box 3570**  
**Auburn, AL 36831-3210**

---

**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 Acentra Health 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 Acentra Health 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 ( ) -

*If you do not wish to receive fax-back updates on patient referrals enter **NA** for fax number.*

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

## 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><b>Days 1-3:</b> 150 mg daily</p> <p><b>Then increase to 150 mg BID</b></p> <ul style="list-style-type: none"> <li>Initiate therapy while patient is still smoking</li> <li>Set a “target quit date” within the first 2 weeks of treatment</li> <li>Take at the same time daily</li> <li>Separate doses by 8 hrs</li> <li>Do not exceed 300 mg/day</li> <li>Continue treatment for 7-12 wks</li> </ul>	<p><b>Days 1-3:</b> 0.5 mg daily</p> <p><b>Days 4-7:</b> 0.5 mg BID</p> <p><b>Day 8 – end of treatment:</b> 1 mg BID</p> <ul style="list-style-type: none"> <li>Begin 1 wk before the “target quit date”</li> <li>Take after eating and with a full glass of water</li> <li>Treatment duration: 12 weeks</li> <li>Additional 12-wk course may be used for patients who have stopped smoking to increase likelihood of long-term abstinence</li> </ul>	<p><b>1 spray into each nostril 1-2 times/hr</b></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"> <li>Patients must stop smoking completely</li> <li>Do not use &gt; 5 doses/hr</li> <li>Do not use &gt; 40 doses/day</li> <li>Wait 5 mins before driving or operating machinery</li> <li>Do not drink or eat 15 mins before or during use</li> <li>Treatment duration: up to 3 months</li> </ul>	<p><b>Initial dose for at least 3-6 wks &amp; up to 12 wks:</b> 6-16 cartridges/day</p> <ul style="list-style-type: none"> <li>Patients must stop smoking completely</li> <li>Best effect with frequent continuous puffing (20 mins)</li> <li>Inhale into the back of the throat not into the lungs</li> <li>Gradually reduce daily dosage after 12 wks of therapy</li> <li>Do not use &gt; 16 cartridges/day</li> <li>Do not drink or eat 15 mins before or during use</li> <li>Treatment duration: up to 6 months</li> </ul>	<p><b>If 1st cigarette is &gt; 30 mins after waking:</b> 2 mg</p> <p><b>If 1st cigarette is ≤ 30 mins after waking:</b> 4 mg</p> <p><b>Weeks 1-6:</b> 1 q 1-2 hrs</p> <p><b>Weeks 7-9:</b> 1 q 2-4 hrs</p> <p><b>Weeks 10-12:</b> 1 q 4-8 hrs</p> <ul style="list-style-type: none"> <li>Chew each piece slowly</li> <li>Do not drink or eat 15 mins before or during use</li> <li>Do not continuously use one piece after the other</li> <li>Do not use &gt; 24 pieces/day</li> <li>Treatment duration: 12 wks</li> </ul>	<p><b>If 1st cigarette is &gt; 30 mins after waking:</b> 2 mg</p> <p><b>If 1st cigarette is ≤ 30 mins after waking:</b> 4 mg</p> <p><b>Weeks 1-6:</b> 1 q 1-2 hrs</p> <p><b>Weeks 7-9:</b> 1 q 2-4 hrs</p> <p><b>Weeks 10-12:</b> 1 q 4-8 hrs</p> <ul style="list-style-type: none"> <li>Allow to dissolve slowly (20-30 mins)</li> <li>Do not drink or eat 15 mins before or during use</li> <li>Do not use &gt; 5 lozenges in 6 hrs</li> <li>Do not use &gt; 20 lozenges/day</li> <li>Treatment duration: 12 wks</li> </ul>	<p><b>&lt; 10 cigarettes/day:</b> 14 mg x 6 wks 7 mg x 2 wks</p> <p><b>≥ 10 cigarettes/day:</b> 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"> <li>Patients must stop smoking</li> <li>Apply patch first thing in the morning</li> <li>Apply at the same time daily</li> <li>Do not wear more than 1 patch at a time</li> <li>Do not cut patch</li> <li>Patch may be worn for 16 or 24 hrs</li> <li>Treatment duration: 10 wks</li> </ul>

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>