



Tobacco Cessation

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Tobacco cessation programs improve the probability of discontinuing tobacco use. The most successful tobacco cessation programs combine multiple strategies, including guidance from a counselor. The counselor helps users recognize and cope with issues that arise during the cessation process. Additionally, the use of nicotine replacement products (e.g., nicotine gum or patches) and non-nicotine medications (e.g., Bupropion or Varenicline) are related to successful tobacco cessation.

Criteria

Commercial

Tobacco cessation may be accessed by attending tobacco cessation classes at a hospital or by enrolling in a tobacco cessation program.

- If a member attends a tobacco cessation class offered through a hospital, they may receive reimbursement (limitations apply) through the Health Education Classes benefit.
- If a member enrolls in a tobacco cessation program, they must enroll in a Quit For Life® Program:

1. For members who are 18 years or older, the Quit For Life® Program is the only covered tobacco cessation program in the PacificSource service areas and is provided by Optum®
 2. For members who are 13 through 17 old, tobacco cessation must be accessed through the State Quit for Life Program®
 3. For members who are 12 or younger, tobacco cessation must be accessed through the primary care provider (PCP).
- There are no limits on cessation attempts and each enrollment into the program lasts approximately six (6) months.

1. Tobacco Cessation Program for Adults (18 years and older)

PacificSource members 18 years of age or older who enroll in the Quit For Life Program® receive:

- One-on-one, phone-based sessions with a professional Quit Coach® scheduled at their convenience. During the initial call, the Quit Coach® will review the member's tobacco-use history and help develop a personalized quit plan. The initial call usually takes 25 to 30 minutes and subsequent treatment sessions usually take 10 to 20 minutes.
- Unlimited toll-free telephone access to Quit Coaches for support while enrolled in the program. A Quit Coach is available 24 hours a day, seven days a week.
- Membership to Web Coach, where members can build their own Quitting Plan, track their progress, interact with other participants and Quit Coaches.
- A Quit Kit, which contains materials designed to help member stay on track with cessation.

PacificSource members do not have to enroll in a separate program to receive tobacco cessation medication coverage (see medication benefit information below).

2. Tobacco Cessation Program for Adolescents (13 through 17 years old)

Members who are aged 13 through 17 years old are directed to enroll in the program via the State Quit for Life Program®. In some situations, a member may request an amendment to access the Quit For Life Program® through PacificSource. There is no charge for members.

3. Tobacco Cessation Program for Children (12 years old and younger)

PacificSource recommends children who are 12 and younger contact their Primary Care Physician (PCP) for tobacco cessation care and support.

4. Tobacco Cessation or Replacement Medication Benefit

The following tobacco cessation or replacement medications will be covered at \$0 copay for PacificSource members with commercial pharmacy coverage. Medications require a prescription and must be filled at a contracted pharmacy for full benefit. Examples of medications include bupropion extended release (generic Zyban), varenicline (generic Chantix), Nicotrol inhaler/nasal spray; nicotine gum, lozenges, and patches.

Quantity limitations are posted on the PacificSource website under Drug Lists:

<https://www.pacificsource.com/drug-list/>

Drug Name	Commercial Coverage
Bupropion HCl ER tablet 12 hr. 150 mg	Tier 0, QL #168/365, limitations may apply
varenicline <ul style="list-style-type: none"> • varenicline Starter pak • varenicline 0.5mg tablet • varenicline 1 mg tablet 	Tier 0, QL #168/365
Nicotine PATCH (OTC)	Tier 0, QL #168/365, limitations may apply
Nicotine LOZENGE	Tier 0, QL #168/365, limitations may apply
Nicotine GUM	Tier 0, QL #168/365, limitations may apply
NICOTROL nasal spray	Tier 0, QL #168/365, limitations may apply
NICOTROL inhaler	Tier 0, QL #168/365, limitations may apply

Medicaid

PacificSource Community Solutions (PCS) follows Guideline Note 4 & 92 of the OHP Prioritized List of Health Services for coverage of Tobacco Cessation.

All benefits are intended to support a minimum of two (2) quit attempts per year.

1. Telephone Tobacco Cessation Assistance

Telephonic tobacco cessation assistance to Medicaid members is provided by **Quit For Life® Program**, (866) 784-8454.

Note: Members contacting PCS Customer Service for tobacco cessation assistance will be referred to the Quit for Life Program. Members are educated about Quit for Life in the Member Handbook, in Member Newsletters and in the New Member Packets.

2. Other Tobacco Cessation Assistance

- a. Individual counseling with primary care provider
- b. Individual counseling with other health professional
- c. Group counseling with primary care provider
- d. Group counseling with other health professional
- e. Group counseling with specific curriculum
- f. Acupuncture with prior authorization

Note: Benefits are based on plan limits, regulatory coverage limitations and/or evidence-based clinical literature and are intended to support a minimum of two quit attempts per year.

3. Tobacco Cessation or Replacement Medication Benefit

Medications used to support tobacco cessation or replacement are covered, subject to the PCS formulary (list of covered medications) which can be found at:

<https://communitysolutions.pacificsource.com/Search/Drug>

Drug Name	Medicaid Coverage
Bupropion HCl ER tablet 12 hr. 150 mg	Tier 1
varenicline <ul style="list-style-type: none"> • varenicline Starter pak • varenicline 0.5mg tablet • varenicline 1 mg tablet • APO-Varenicline 0.5 mg tablet • APO-Varenicline 1 mg tablet 	Tier 1, QL #336/365

Nicotine PATCH (OTC)	Tier 1, QL #180/365
Nicotine LOZENGE	Tier 1, QL #3600/365
Nicotine GUM	Tier 1, QL #4320/365
NICOTROL nasal spray	Tier 2, ST, QL #720/365
NICOTROL inhaler	Tier 2, ST, QL #5760/365

4. Member Education

Member education about tobacco cessation assistance is provided in the Member Handbook, on the PCS website, and in Member Newsletters.

5. Provider Education

Provider education about tobacco cessation assistance is addressed in Provider Newsletters, on the PCS Provider website, and in the Provider Manual.

Medicare

PacificSource Medicare follows National Coverage Determination 210.4.1 for Counseling to Prevent Tobacco Use. Please also refer to member's Evidence of Coverage (EOC) for covered services.

1. Tobacco Cessation or Replacement Medication Benefit

Medications used to support tobacco cessation or replacement are covered, subject to the PacificSource Medicare formulary (list of covered medications) which can be found at:

<https://medicare.pacificsource.com/Search/Drug>

<u>Drug Name</u>	<u>Medicare Coverage</u>
Bupropion HCl ER tablet 12 hr. 150 mg	Tier 2
NICOTROL NS SOLUTION 10MG/ML nasal	Tier 4
NICOTROL inhaler 10MG INHALATION	Tier 4
varenicline Starting Month Pak Tablet 0,5 MG X 11 & 1 MG X 42 Oral	Tier 2
varenicline TABLET 0.5 MG Oral	Tier 2, QL #60/30
varenicline TABLET 1 MG Oral	Tier 2, QL #60/30
Nicotine PATCH	Not covered
Nicotine LOZENGE	Not covered
Nicotine GUM	Not covered

Over-the counter (OTC) medications are excluded from Medicare Part D coverage.

Related Policies

Transcranial Magnetic Stimulation

References

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Appendix

Policy Number:

Effective: 4/1/2020

Next review: 4/1/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): 42 CFR 410.64, NCD 210.4.1, Guideline Note 4 & 92 of the OHP Prioritized List of Health Services, OAR 410-130-0190.

Commercial OPs: 2/2025

Government OPs: 1/2025