WHAT KIND OF TOBACCO CESSATION MIGHT MEDICARE, MEDICAID, AND PRIVATE HEALTH INSURERS COVER?

The term "tobacco cessation" can refer to a wide range of initiatives that help to reduce smoking among current smokers. In the context of direct health care and the possible coverage of tobacco cessation by Medicare, Medicaid, or private health insurance, however, the term refers to the different kinds of treatment and assistance that can be provided by health practitioners directly to specific smokers and other tobacco users to help them quit, or cease, their tobacco use.

The ultimate goal of cessation assistance is to help addicted users eliminate their dependence on tobacco products and completely stop their tobacco use, but the addictive power of nicotine frequently results in relapse. Tobacco users who attempt to quit typically require multiple attempts before achieving long-term abstinence. With effective cessation assistance, however, smokers can increase their chances of quitting for good during their next attempt. Moreover, with effective cessation assistance, those who relapse can prolong their time being tobacco-free and can more constructively handle their relapse, more quickly begin trying to quit again, and will quit for good sooner than those without access to cessation assistance.

Since January 2006, Medicare has provided full tobacco cessation and treatment coverage for beneficiaries, including intermediate and intensive cessation counseling and prescription medications (covered under Part D, but over-the-counter medications are not covered). Only two quit attempts are covered per year, and only for beneficiaries who have a medical condition or reaction to medication that is worsened by tobacco use.[1] As of 2006, Medicaid programs in 39 states offered at least one type of evidence-based tobacco treatment option – FDA-approved cessation medication or some type of counseling – and 24 state Medicaid programs covered a combination of counseling and either one nicotine replacement therapy device or FDA-approved prescription medication.[2]

While federal and state policymakers consider various proposals to provide or increase tobacco cessation coverage through Medicare, Medicaid, or private health insurers, it is helpful to understand the full range of different kinds of health care cessation assistance that might possibly be covered.

The information about cessation presented here is based on the recommendations contained in the May 2008 update of the U.S. Public Health Service (PHS), *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*.[3] Among the many recommendations, this Guideline finds evidence to support the availability of both counseling and drug treatment for all tobacco users to improve their chances of success (e.g., long-term abstinence). While quitting tobacco use is a difficult process that requires persistence, the Guideline concludes that tobacco users can greatly increase their chances of ultimately succeeding if they and their health care professionals apply the cessation measures that have been proven most effective. Furthermore, the Guideline strongly recommends full coverage of cessation treatment based on finding that "[p]roviding tobacco dependence treatments (both medication and counseling) as a paid or covered benefit by health insurance plans has been shown to increase the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit."

Tobacco-Cessation Counseling and Behavioral Treatment

The PHS Guidelines confirm that the more frequently a tobacco user talks to and interacts with his or her doctor, dentist, pharmacist, nurse, psychologist (or other health care professional involved his/her quit attempt), the greater the chances of successfully quitting and remaining abstinent. Even brief interventions are effective in helping tobacco users quit. Some of the counseling techniques recommended in the Guidelines include: problem solving and skills training; teaching individuals how to seek out and receive support from friends, family, co-workers and others outside the doctor's office; and, individual, group or telephone counseling that is pro-active and helps individuals achieve and sustain abstinence.

The 2008 Guideline update also supports the use of telephone quitlines both to provide counseling and disseminate nicotine replacement therapy. Quitlines are cost-effective, can reach a large number of

tobacco users, and can treat diverse populations. Clinicians and other health care professionals can easily refer tobacco users to telephone quitlines for added support.

Tobacco-Cessation Drug Treatment (pharmacotherapy)

In addition to counseling, the PHS Guidelines strongly recommend the use of supplementary drug treatment (where clinically appropriate) to increase the likelihood of successful quit attempts. The recommended drugs break down into two main categories – those that are nicotine-based (nicotine replacement therapies) and those that treat other symptoms experienced by those attempting to quit (e.g., depression). The Guidelines divide its recommended cessation drugs into those the PHS found most effective, with minimal side effects (First Line of Recommended Drugs), and those they recommend even though they have more potent side effects and have not yet been certified by the U.S. Food and Drug Administration (FDA) for cessation purposes (Second Line of Recommended Drugs). The Guidelines also identify those drugs the PHS does not recommend for cessation purposes.

The Guidelines find the combination of counseling and medication provides tobacco users with the most success in their quit attempts. In addition, the Guidelines also find evidence to support the use of certain combinations of cessation medications to improve quit attempts.

The PHS Guidelines' First Line of Recommended Drugs:[4]

- ***Nicotine Gum (e.g., Nicorette)*** -- Nicotine gum has an established record of clinical efficacy and increases long-term abstinence rates (compared to a placebo with no drug treatment) by 30 to 80 percent. It is available only as an over-the-counter product.
- ***Nicotine Patch (e.g., Nicoderm CQ, Nicotrol, Habitrol)*** – The nicotine patch has an established record of clinical efficacy and approximately doubles long-term abstinence rates (over placebo – no drug treatment). It is available both over-the-counter and as a prescription medication.
- ***Nicotine Inhaler (e.g., Nicotrol Inhaler)*** – The nicotine inhaler has an established record of clinical efficacy and more than doubles long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.
- ***Nicotine Nasal Spray (e.g., Nicotrol NS)*** – Nicotine nasal spray has an established record of clinical efficacy and more than doubles long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.
- ***Bupropion SR (e.g., Zyban)*** – Bupropion SR has an established record of clinical efficacy and approximately doubles long-term abstinence rates (over placebo – no drug treatment). This is a non-nicotine medication and is available only in prescription as either a smoking cessation product (Zyban) or an anti-depressant (Wellbutrin).
- ***Varenicline (e.g., Chantix)*** – This prescription medication was approved by the FDA for smoking cessation in May 2006 and is included in the 2008 update as an accepted non-nicotine option to relieve withdrawal symptoms and stop the effects of nicotine for people who try to continue smoking.

The PHS Guidelines' Second Line of Recommended Drugs:

- ***Clonidine (e.g., Catapres)*** – Clonidine is normally used as a prescription anti-hypertensive medication, but has an established record of clinical efficacy as a smoking cessation drug and approximately doubles long-term abstinence rates (over placebo – no drug treatment).
- ***Nortriptyline (generic)*** – Nortriptyline is usually prescribed as an anti-depressant medication, but has an established record of clinical efficacy as a smoking cessation drug and approximately triples long-term abstinence rates (over placebo – no drug treatment).

Drugs Not Recommended by the PHS Guidelines:

- ***Antidepressants other than bupropion SR and Nortriptyline*** – There are very little data on other anti-depressants and their effectiveness as smoking cessation products. As a result, other than bupropion SR and Nortriptyline, no other anti-depressants are recommended.

- ***Anxiolytics/Benzodizepines/Beta-Blockers*** – Only a few trials of propranolol (beta blocker) and diazapam (anxiolytic) have been conducted and the data is too scarce to result in any recommendations.
- ***Silver Acetate*** – The studies that were available on the use of silver acetate as a cessation product demonstrated no beneficial effect and therefore silver acetate is not recommended for use as a cessation treatment.
- ***Mecamylamine*** – The studies that were available on the use of mecamylamine as a cessation product had no or minimal beneficial effect and therefore mecamylamine is not recommended for use as a cessation treatment.

Campaign for Tobacco Free Kids, May 15, 2008 / Ann Boonn

For more information on tobacco cessation, see Campaign factsheets at http://www.tobaccofreekids.org/research/factsheets/index.php?CategoryID=25.

Additional Related Information:

General Information on Cessation:

- U.S. Centers for Disease Control and Prevention, *Quit Smoking*: http://www.cdc.gov/tobacco/quit_smoking/index.htm

Quitting Assistance:

- National Cancer Institute, *Smokefree.gov:* Smokefree.gov - http://www.smokefree.gov/
- National Cancer Institute, *1-800-QUIT-NOW:* http://1800quitnow.cancer.gov/
- American Lung Association, *Freedom from Smoking*, http://www.ffsonline.org/
- American Cancer Society, *Kick the Habit*: http://www.cancer.org/docroot/ped/ped_10_3.asp?sitearea=ped
- American Heart Association, *Quitting Smoking*: http://www.americanheart.org/presenter.jhtml?identifier=3048036
- Massachusetts Tobacco Control Program, *TryToStop.org:* www.trytostop.org
- U.S. Agency for Health Research and Quality: http://www.ahrq.gov/consumer/#smoking

Guidance for Health Professionals:

- Professional Assisted Cessation Therapy, *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioners Guide*: http://www.endsmoking.org/resources/reimbursementguide/pdf/reimbursementguide-3rd-edition.pdf
- U.S. Surgeon General: www.surgeongeneral.gov/tobacco

Information on Nicotine Addiction:

- U.S. National Institute on Drug Abuse: http://www.drugabuse.gov/drugpages/nicotine.html

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[1] Centers for Medicare and Medicaid Services (CMS), *Medicare Smoking Cessation Overview*, accessed September 13, 2007, from http://www.cms.hhs.gov/SmokingCessation/.

[2] U.S. Centers for Disease Control and Prevention (CDC), "State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006," *Morbidity and Mortality Weekly Report (MMWR)* 57(05):117-122, February 8, 2008, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a2.htm.

[3] Fiore MC, et al., *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, U.S. Public Health Service, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

[4] The product and brand names listed in this fact sheet are NOT product endorsements, just statements of fact about products available to consumers. Many of these drugs are available in generic form, as well.