

# Tobacco Cessation Resources

## The Single Largest Cause of Preventable Diseases and Death in the U.S.

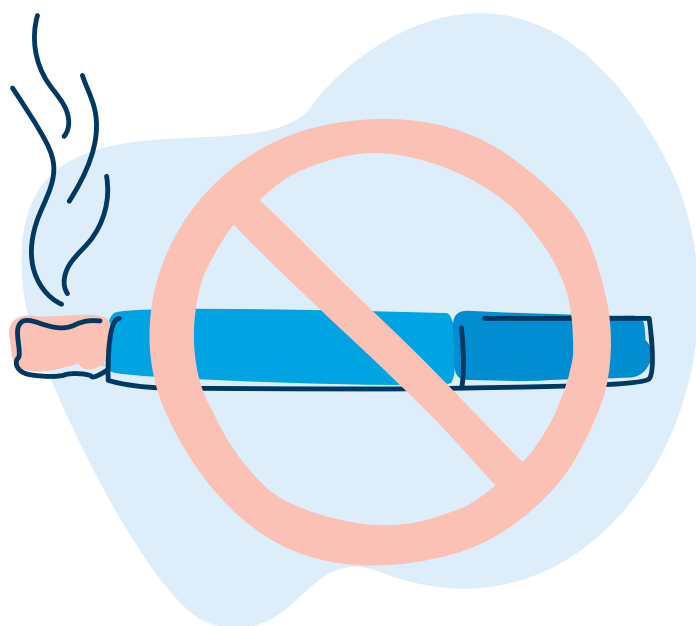
Tobacco is the single largest cause of preventable diseases and deaths in the United States, which is why we should all have a hand in trying to eliminate it for good.

We continue to encourage and support our members to quit using tobacco products by providing members with tobacco cessation benefits, education, and additional resources. Recently, the Pennsylvania Department of Human Services has increased its focus on preventing and reducing tobacco use across Pennsylvania. As a result, we have enhanced our efforts to help our members quit using tobacco products.

We know that our providers can have the biggest impact in helping our members quit. We hope that the resources highlighted here assist you in working with our Medicaid members to quit using tobacco.

### 2023 Cessation News

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# Tobacco Cessation Benefits Available to Highmark Wholecare Medicaid Members

Smokers are twice as likely to be successful at quitting if they use a drug therapy.<sup>1</sup> The following table shows how members can access tobacco cessation products through a prescription.

*Note: Our formulary is subject to change.*

PA Medicaid	Cautions/Warnings	Side Effects	Recommended Dosage
Gum/lozenge	Caution with dentures Do not eat or drink 15 minutes before or during use	<ul style="list-style-type: none"> <li>Dyspepsia</li> <li>Nausea</li> <li>Mouth irritation</li> </ul>	Weeks 1-6: Q 1-2 hours or @ least 9 pieces/day Weeks 7-9: Q 2-4 hours Weeks 10-12: every 4-8 hours <b>Recommended duration:</b> up to 6 months
Patch	Do not use with psoriasis or eczema	<ul style="list-style-type: none"> <li>Insomnia</li> <li>Local Skin Irritation</li> </ul>	If ≤ 10 cigarettes/day: 14 mg/day for 6 weeks; 7 mg/day for 2 weeks; can continue 7 mg if urge continues If < 10 cigarettes/day: 21 mg/day for 6 weeks; 14 mg/day for 2 weeks; 7 mg/day for 2 + weeks <b>Recommended duration:</b> 8-12 weeks FDA approved for 3-5 months
Varenicline (Chantix)	Use caution with the following: <ul style="list-style-type: none"> <li>Psychiatric disorders</li> <li>Cardiovascular disease</li> <li>Seizure disorders</li> <li>Severe renal impairment (CrCl &lt; 30 mL/min)</li> </ul>	<ul style="list-style-type: none"> <li>Nausea</li> <li>Insomnia/dreams</li> <li>Headache</li> <li>Depressed mood</li> <li>Agitation/behavioral changes</li> <li>Suicide ideation</li> </ul>	Days 1-3: 0.5 mg/day Days 4-7: 10.5 mg twice daily Days 8 through end: 1 mg twice daily <b>Recommended duration:</b> Chantix (R) can be used for 12 weeks. For patients that successfully stopped during first 12 weeks, another 12 weeks of treatment is recommended
Bupropion SR (Zyban, Wellbutrin -- SR)	Contraindicated in those with seizure disorders, anorexia, or bulimia Can be used in combination with tobacco cessation products containing nicotine.		<b>Start 1-2 weeks prior to quitting:</b> 150 mg QAM x 3 days <b>Then:</b> 150 mg BID; doses should be at least 8 hours apart Not to exceed 300 mg daily Continue for 7-12 weeks <b>Recommended duration:</b> up to 6 months post-quit to maintain cessation

<sup>1</sup>R, C. P. (2008). Common predictors of smoking cessation in clinical practice. Respiratory Medicine, 102, 1182-1102.

# Tobacco Cessation Benefits Available to Highmark Wholecare Medicaid Members

## Counseling:

Research has shown that putting efforts into tobacco cessation is cost effective. We cover counseling sessions as per the Pennsylvania Medicaid Fee Schedule. Counseling should provide strategies to address withdrawal symptoms and educate to prevent relapses, and include follow-up in a co-decided upon amount of time between you and your patients.

To be able to bill for tobacco cessation counseling, you must first register as a pre-approved tobacco cessation provider. This requires a short, one page application and can be found on the Pennsylvania Department of Health website: <https://www.health.pa.gov/topics/programs/tobacco/Pages/Registry.aspx>

**The completed application can be faxed, emailed, or mailed to the Department of Health:**

**Fax: 717-214-6690**

**Email: [RA-Registry@pa.gov](mailto:RA-Registry@pa.gov)**

### Mail:

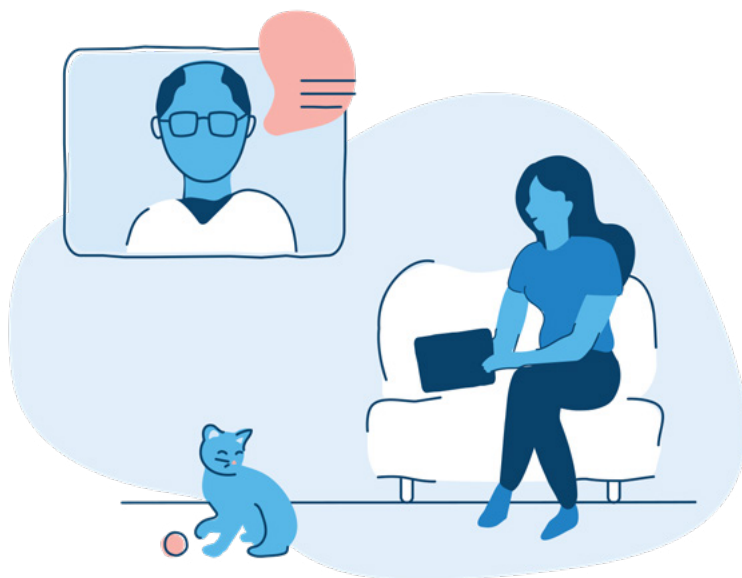
Pennsylvania Department of Health Bureau  
of Health Promotion and Risk Reduction  
Division of Tobacco Prevention and Control

625 Forster Street, Room 1032  
Harrisburg, Pennsylvania 17120

After sending the application, you will need to complete a 45-minute, free, online training called, “Every Smoker, Every Time” which can also be accessed via the Pennsylvania Department of Health website (link above). You do not have to renew yourself once you complete these steps – you will always be on the registry unless otherwise notified by the State.

**You’re ready to be reimbursed for your tobacco cessation services!**

**We cover 70, > 10-minute counseling sessions per year.** When you talk to someone about tobacco cessation at a visit, use the procedure code **99407**. Please follow CPT guidelines around billing for separate and distinct services for the use of modifier 25.



## Effective Ways to Discuss Tobacco Cessation

We know it can be monotonous, and sometimes even frustrating, to try to get someone to stop using tobacco. But, keep in mind that seven out of every 10 smokers want to quit, and only 20% of those will do it on their own, or ask for help. That means that as a trusted medical provider, tobacco users need you to consistently bring up the conversation about cessation. Research has shown that even three minutes of counseling doubles the chances that someone will stop tobacco use, compared with simple advising.<sup>2</sup>

The following is likely something that you have heard of throughout the years, but we will remind you of the process of how to talk to someone about tobacco cessation through the 5As or the 5Rs.

### Use the 5As to assess willingness to quit and help them get there:

**Ask** about and document tobacco use status at EVERY visit.

**Advise** in a clear, direct, personalized manner that tobacco users stop smoking.

**Assess** willingness to quit at this time. For former tobacco users, ask how recently they stopped and what challenges they may still have trouble dealing with.

**Assist** by prescribing NRT, unless medically contraindicated.

**Arrange** follow up, including counseling.

### For those who are not yet ready to quit, use the 5Rs:

**Relevance:** Digging deeper to find why the patient does not want to quit and why quitting is relevant to them. (Motivational interviewing tactics would come in handy here!)

**Risks:** Remind the patient what the ongoing risks of continued tobacco use has the potential to do to their body.

**Rewards:** Willingness to quit at this time. For former tobacco users, ask how recently they stopped and what challenges they may still have trouble dealing with.

**Roadblocks:** Identify common challenges that most quitters go through, such as withdrawal symptoms, weight gain, relapse, etc.

**Repetition:** Continue to ask about their willingness to quit, ideally at every single visit.

<sup>2</sup>Black, J. 2010. Evidence base and strategies for successful smoking cessation. Journal of Vascular Surgery. Volume 51 Number 6. Pg 1529-1537.

## Health Effects of E-Cigarettes or Vaping

**Most e-cigarettes contain nicotine, which has known health effects.**

- Nicotine is highly addictive.
- Nicotine is toxic to developing fetuses.
- Nicotine can harm adolescent and young adult brain development, which continues into the early to mid-20s.
- Nicotine is a health danger for pregnant adults and their developing babies.

**Besides nicotine, e-cigarette aerosol can contain substances that harm the body.**

- This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.

**E-cigarettes can cause unintended injuries.**

- Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
- The Food and Drug Administration (FDA) collects data to help address this issue. You can report an e-cigarette explosion, or any other unexpected health or safety issue with an e-cigarette through the FDA Safety Reporting Portal: <https://www.fda.gov/tobacco-products/tobacco-science-research/safety-reporting-portal-tobacco-products>
- In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

**Source:** [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/about-e-cigarettes.html#e-%20cigarettes-help-adults-quit-cigarettes](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html#e-%20cigarettes-help-adults-quit-cigarettes)

## Pregnancy and Smoking Cessation

It's important that providers screen pregnant women for smoking and environmental tobacco smoke exposure and offer smoking cessation interventions at the first and subsequent prenatal visits. Pregnancy is often a time when women show a willingness to quit, with 55% of women quitting by their third trimester. It's also important to ensure that women stay smoke free after delivery, as 40% of women relapse within six months of giving birth.

Perinatal smoking screenings should be appropriately documented in the Obstetrical Needs Assessment Form (ONAF). Please be aware that the smoking section in the ONAF will be changing in the near future. Documenting smoking information in the ONAF allows members to receive additional smoking cessation resources. Members who are identified as smokers receive outreach by a Maternity Navigator. If interested, the Navigator will refer the member to the PA Free Quitline.

To find the most recent version of the ONAF, please visit: <https://highmarkwholecare.com/provider/medicaid-resources/medicaid-provider-forms-and-reference-materials>

**Source:** <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/providers.html>

## Refer to the PA Free Quitline.

The PA Free Quitline is a free program offered by the State to help Pennsylvanians who want to quit prepare a quit plan, understand tobacco triggers, teach how to manage cravings and much more. The PA Free Quitline will set up counseling services over the phone at the patient's convenience, before, during, and after their quit date. They may also talk about quit therapies, overcoming the challenges of quitting, and keeping them on track, all at no cost.

You can visit the PA Free Quitline's website at <https://pa.quitlogix.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients> for information on referring patients to the Quitline. There are two ways to refer your patient: provider referral and self-referral. The benefit of making a referral as opposed to having them self-refer, is that the Quitline will communicate your patient's progress back to you. You can track whether they are sticking to their goals, using NRT therapy, and communicating with their counselor. Knowing your patient's progress through the Quitline may help your future visits with those patients.

Patients can also refer themselves online (<https://pa.quitlogix.org/en-US/>) or by phone (1-800-QUIT NOW). On the website, they can find tobacco cessation information and self-help tools, as well as a self-referral form.

## Additional Tobacco Cessation Resources

Now is the time to act! There are a plethora of other reputable quit resources that are available at little or no cost. There is something out there for every type of tobacco user. The list we have included is not exhaustive.

### Highmark Wholecare

1-800-392-1147 or [HighmarkWholecare.com](https://www.HighmarkWholecare.com)

### Pennsylvania Free Quitline

1-877-784-8669 (QUIT NOW) or  
[pa.quitlogix.org/en-US/](https://pa.quitlogix.org/en-US/)

### American Cancer Society

1-800-227-2345 or [www.cancer.org](https://www.cancer.org)

### American Heart Association:

1-800-AHA-USA1 (1-800-242-8721) or  
[www.heart.org](https://www.heart.org)

### American Lung Association

1-800-LUNG-USA (1-800-586-4872) or  
[www.lung.org](https://www.lung.org)

### Breathe Pennsylvania

724-772-1750 or [breathepa.org](https://www.breathepa.org)

### National Cancer Institute

1-800-4-CANCER (1-800-422-6237)  
or [www.cancer.gov](https://www.cancer.gov)

### Agency for Healthcare Research and Quality

(301) 427-1104 or [www.ahrq.gov](https://www.ahrq.gov)

### Nicotine Anonymous

[www.nicotine-anonymous.org](https://www.nicotine-anonymous.org)

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