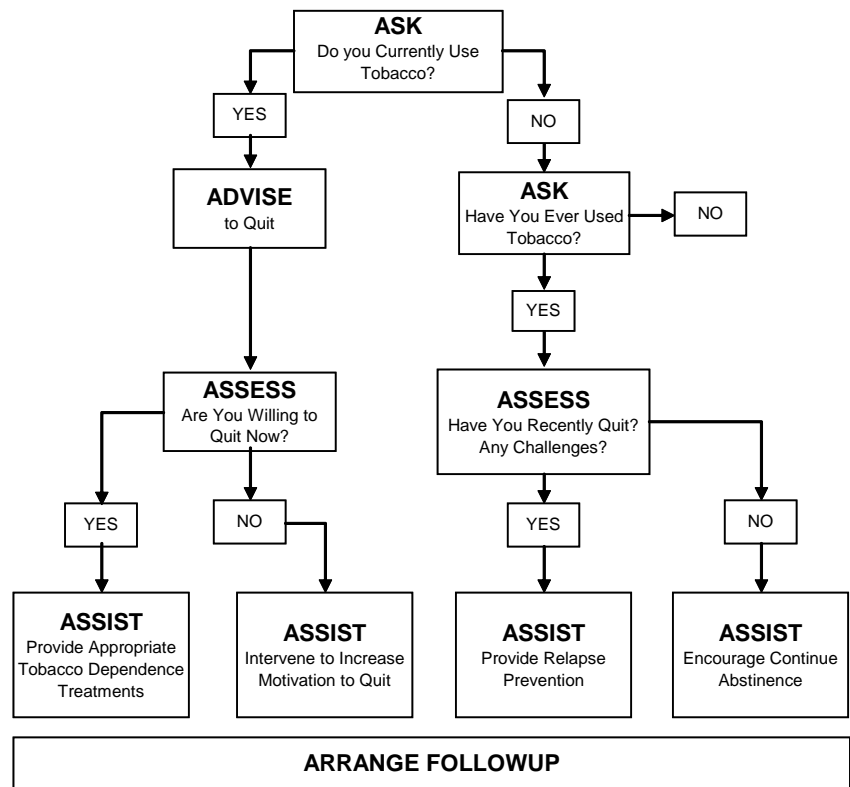


# Best Practices for Treating Tobacco Use and Dependence

The MDwise medical benefit covers smoking cessation services for HIP and Hoosier Healthwise members in the form of tobacco cessation counseling services. These services, in coordination with pharmacotherapy that is available under the Indiana Medicaid FFS pharmacy benefit program, can be very effective in helping MDwise members to quit smoking.

The Public Health Service of the United States Department of Health and Human Services developed best practice guidelines for providers in assessing tobacco users and rendering effective tobacco dependence interventions\*\*. The guidelines encourage providers to utilize the “5 A’s” model for treating tobacco use and dependence:

<b>Ask</b>	Ask about and document tobacco use status of every MDwise member at every visit.
<b>Advise</b>	In a clear, strong and personalized manner urge every MDwise member who is a tobacco user to quit.
<b>Assess</b>	<ul style="list-style-type: none"> <li>For current tobacco users, is the user willing to make a quit attempt at this time?</li> <li>For the ex-tobacco user, how recent did you quit and are there any challenges to remaining abstinent?</li> </ul>
<b>Assist</b>	<ul style="list-style-type: none"> <li>For the MDwise member willing to make a quit attempt, offer medication and provide or refer for counseling or additional behavioral treatment to help the member quit.</li> <li>For members unwilling to quit at this time, provide motivational interventions designed to increase future quit attempts.</li> <li>For the recent quitter and any with remaining challenges, provide relapse prevention.</li> </ul>
<b>Arrange</b>	All MDwise members receiving the previous A’s should receive follow up.



The guidelines identify 10 key findings that MDwise providers should consider:

- Tobacco dependence is a chronic disease often requiring repeated intervention and multiple attempts to quit.** However, effective treatments exist that can significantly increase rates of long-term abstinence.
- MDwise providers and delivery systems should consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting.**
- Tobacco dependence treatments are effective for all MDwise patient populations.** MDwise providers should encourage every patient willing to make a quit attempt to use the recommended counseling treatments and medications.
- Brief tobacco dependence treatment is effective.** MDwise providers should offer every patient who uses tobacco at least the brief treatments shown to be effective.



5. **Individual, group and telephone counseling are effective and their effectiveness increases with treatment intensity.** Two components of counseling are especially effective:

**Practical Counseling (problem solving/skills training)**

- Recognize what events, internal states, or activities that increase the risk of smoking or relapse.
- Identify and practice coping or problem-solving skills to cope with situations that increase risk of smoking and relapse.
- Provide the basic information about smoking, its harmfulness, and about successful quitting.

**Social Support Delivered as Part of Treatment**

- Encourage quit attempts.
- Communicate care and concern Encourage the patient to talk about the quit attempt.

6. **There are several effective medications for tobacco dependence treatment. MDwise providers should promote their use by all patients attempting to quit smoking, except when medically contraindicated.** The Indiana Medicaid Pharmacy Benefit program currently provides up to 12 weeks in a calendar year of smoking cessation drug therapies.

Medication	Cautions/Warnings	Side Effects	Dosage
Bupropione SR 150	Not for use if the MDwise member: <ul style="list-style-type: none"> <li>• Currently uses MAO inhibitors</li> <li>• Uses bupropione in any other form</li> <li>• Has a history of seizures</li> <li>• Has a history of eating disorders</li> </ul>	Insomnia Dry Mouth	Days 1-3: 150mg daily (AM) Days 4-end: 150mg BID  Start 1-2 weeks before quit date. Prescription Only
Nicotine Gum	<ul style="list-style-type: none"> <li>• Caution with dentures</li> <li>• Do not eat or drink 15 minutes before or during use</li> </ul>	Mouth soreness Stomach ache	1 piece every 1-2 hours (6-15 pieces/day) 2mg if <24 cigs/day; 4mg if >24 cigs/day
Nicotine Inhaler	<ul style="list-style-type: none"> <li>• May irritate mouth/throat at onset but improves with use</li> </ul>	Local irritation of mouth and throat	6-16 cartridges/day (80 Inhalations/cart)
Nicotine Lozenge (2mg or 4mg)	<ul style="list-style-type: none"> <li>• Do not eat or drink 15 minutes before or during use</li> <li>• One lozenge at a time</li> <li>• Limit 20 lozenges in 24 hours</li> </ul>	Hiccups Cough Heartburn	Weeks 1-6: 1 loz q 1-2hrs Weeks 7-9: 1 loz q 2-4hrs Weeks 10-12: 1 loz q 4-8hrs If smoke >30 min after waking - 2mg If smoke < 30 min after waking - 4mg
Nicotine Nasal Spray	<ul style="list-style-type: none"> <li>• Not for patients with asthma</li> <li>• May irritate nose (improves over time)</li> <li>• May cause dependence</li> </ul>	Nasal irritation	1 squirt per nostril = 1 dose 1-2 doses per hour; 8-40 doses per day DO NOT INHALE
Nicotine Patch	Do not use if you have severe eczema or psoriasis	Local skin rxn Insomnia	One patch per day If > 10 cigs/day, then 21mg for 4 weeks, then 14mg for 2-4 weeks, then 7mg for 2-4 weeks. If < 10cigs/day, then 14mg for 4 weeks, then 7mg for 4 weeks.
Varenicline	Use with caution of the MDwise member: <ul style="list-style-type: none"> <li>• Has significant renal impairment</li> <li>• Has serious psychiatric illness</li> <li>• Undergoes dialysis</li> </ul>	Nausea Insomnia Vivid/Strange dreams	Days 1-3, 0.5mg q AM Days 4-7, 0.5mg BID Days 8-end, 1mg BID Start 1 week before quit date

7. **While counseling and medication are effective by themselves, they are more effective used in combination.**  
8. **Telephone QUITLINE counseling is effective and should be promoted for use by MDwise members.**

**Contact your Provider Relations Representative to become a preferred provider and refer members via fax by using the form on the MDwise website at [www.mdwise.org/hoosierhealthwise/providers/docs/ql-enroll.pdf](http://www.mdwise.org/hoosierhealthwise/providers/docs/ql-enroll.pdf).**

**The QUITLINE number is 1-800 QUIT NOW / 1-800-784-8669**

9. **For MDwise members unwilling to make a quit attempt, motivational strategies should be used to address the risks of continued tobacco use, the rewards to stopping tobacco use, and the roadblocks to quitting.** These interventions should be repeated every medical visit.  
10. **Treating tobacco dependence is both clinically effective and cost-effective.**

\* Indiana Tobacco Prevention and Cessation. 2008 Adult Tobacco Survey Reporting; Smoking Cessation, [www.itpc.in.gov](http://www.itpc.in.gov).

\*\* Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009.