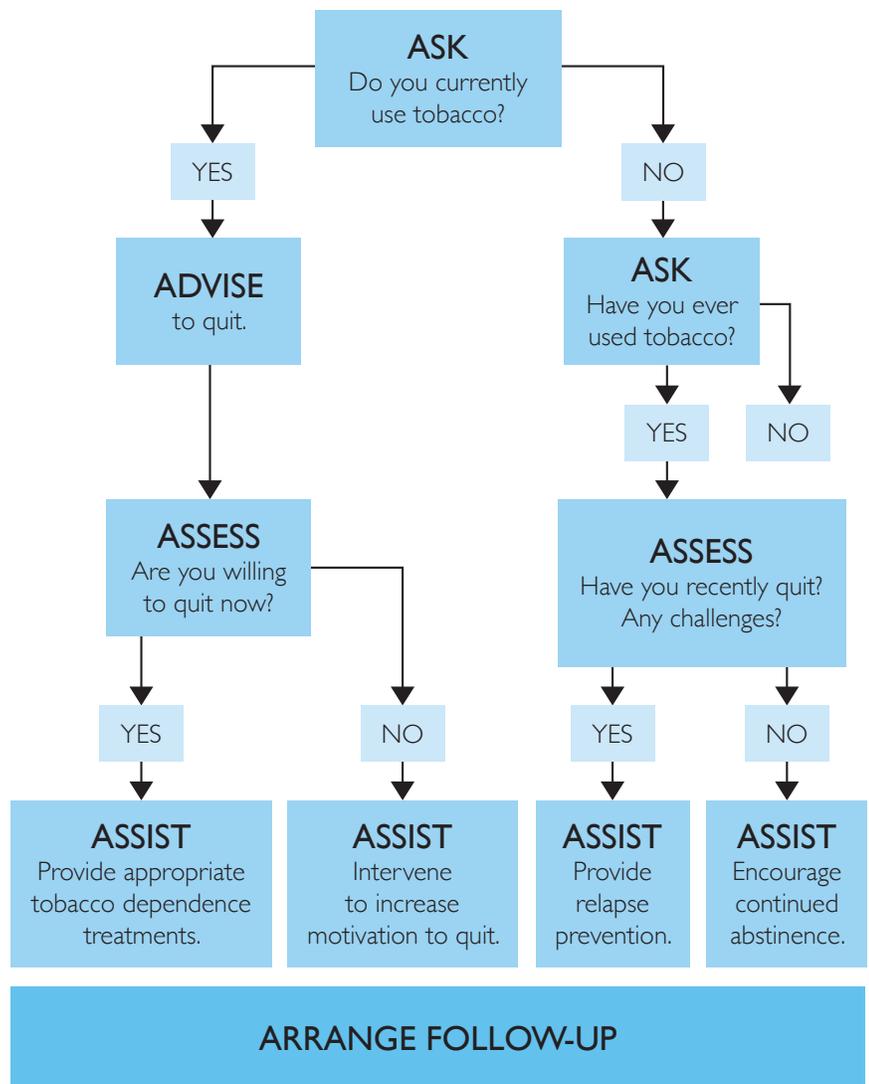


Best Practices for Treating Tobacco Use and Dependence

The MDwise medical benefit covers tobacco 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 MDwise pharmacy benefit program, can be very effective in helping MDwise members quit using tobacco products.

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 As” model for treating tobacco use and dependence:

| | |
|---------------------------|---|
| A_{sk} | Ask about and document tobacco use status of every MDwise Member at every visit. |
| A_{dvice} | In a clear, strong and personalized manner urge every MDwise member who is a tobacco user to quit. |
| A_{ssess} | <ul style="list-style-type: none"> For current tobacco users, is the user willing to make a quit attempt at this time? For recent tobacco quitters, how recently did the member quit and are there any challenges to remaining abstinent? |
| A_{ssist} | <ul style="list-style-type: none"> 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. For members not ready to quit at this time, provide motivational interventions to increase future quit attempts. For the recent quitter and any with remaining challenges, provide relapse prevention. |
| A_{rrange} | All MDwise members receiving the previous A's should receive follow-up. |



Ask About and Document Tobacco Use Status of Every MDwise Member at Every Visit

1. 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.
2. MDwise providers should consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting at every visit.
3. 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.
4. 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. While counseling and medication are effective by themselves, they are more effective used in combination.
6. **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 increase the risk of tobacco use or relapse.
 - Identify and practice coping or problem-solving skills to cope with situations that increase risk of tobacco use and relapse.
 - Provide the basic information about tobacco use, 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.
7. **There are several effective medications for tobacco dependence treatment. MDwise providers should promote their use by all patients attempting to quit using tobacco products, except when medically contraindicated.** The Indiana Medicaid Pharmacy Benefit program currently provides unlimited tobacco cessation drug therapies.

(continued on the next page)

| Medication | Cautions/Warnings | Side Effects | Dosage |
|-------------------------------|---|--|--|
| Bupropion SR 150 | Not for use if the MDwise member: <ul style="list-style-type: none"> • Currently uses MAO inhibitors • Uses bupropion in any other form • Has a history of seizures • Has a history of eating disorders | 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"> • Caution with dentures • Do not eat or drink 15 minutes before or during use | 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"> • May irritate mouth/throat at onset but improves with use | Local irritation of mouth and throat | 6-16 cartridges/day (80 Inhalations/cart) |
| Nicotine Lozenge (2mg or 4mg) | <ul style="list-style-type: none"> • Do not eat or drink 15 minutes before or during use • One lozenge at a time • Limit 20 lozenges in 24 hours | Hiccups Cough Heartburn | Weeks 1–6: 1 lozenge q 1-2hrs Weeks 7–9: 1 lozenge q 2–4hrs Weeks 10–12: 1 lozenge q 4–8hrs If use tobacco >30 min after waking – 2mg If use tobacco < 30 min after waking – 4mg |
| Nicotine Nasal Spray | <ul style="list-style-type: none"> • Not for patients with asthma • May irritate nose (improves over time) • May cause dependence | 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 your patient has severe eczema or psoriasis | Local skin reaction 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 in patients with: <ul style="list-style-type: none"> • Significant renal impairment • Serious psychiatric illness • Undergoes dialysis | 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 |

8. Telephone QUITLINE counseling is effective! Offer it to your MDwise members (ages 13 and over) interested in quitting. In addition to adult counseling, the Indiana Tobacco Quitline serves young tobacco users with a phone counseling program specifically designed for youth ages 13 to 17 that are ready to quit. Resources include age-appropriate educational materials and additional phone help with unlimited access to a toll-free support line 24/7.***

Contact your Provider Relations Representative to become a preferred provider and refer members via fax by using the [form on the MDwise website](#).

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

9. For MDwise members not ready 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.

MDwise.org | 1.800.356.1204