

Medicaid and Tobacco Dependence Treatment *Medicaid Covers It!*

Coverage and Limitations

- Reimbursement for smoking cessation is available for one (1) twelve (12) week course of treatment per recipient per calendar year.
- Treatment may include prescription of any combination of smoking cessation products and counseling.
- One (1) or more modalities of treatment may be prescribed.
- Counseling must be included in any combination of treatment.
- Prior authorization is not required for reimbursement for smoking cessation products or counseling.

Smoking Cessation Products

Reimbursement is available to pharmacy providers for over-the-counter and prescription smoking cessation products when prescribed by a licensed practitioner within the scope of his/her license under Indiana law.

Products covered by Indiana Medicaid include, but are not limited to:

- Sustained release bupropion products.
- Nicotine replacement drug products (patch, gum, inhaler).
- Chantix

Smoking Cessation Counseling

Counseling services must be prescribed by a licensed practitioner and rendered by the following licensed practitioners participating in the Indiana Medicaid Program.

- A physician.
- A physician's assistant.
- A nurse practitioner.
- A registered nurse.
- A psychologist.
- A pharmacist.
- A dentist.

Counseling must be provided as follows:

- A minimum of thirty (30) minutes [two (2) units] and a maximum of one hundred fifty (150) minutes [ten (10) units] within the twelve (12) weeks.
- Counseling will be billed in fifteen (15) minute increments.

The Indiana Medicaid Program began providing reimbursement for these services, effective October 27, 1999.

>Billing Instructions and Reimbursement

Counseling Services

- Bill only on the HCFA 1500 claim form, utilizing procedure code Z5064 (smoking cessation treatment counseling) with a primary diagnosis code of 305.1 (Tobacco use disorder).
- One unit of Z5064 will be considered as fifteen (15) minutes of service.
- Fractional units of service cannot be billed on the HCFA 1500, providers/practitioners should accumulate billable time equivalent to whole units, before billing.
- Counseling must be provided within the twelve (12) week course of treatment and must be a minimum of thirty (30) minutes [two (2) units] with a maximum of one hundred fifty (150) minutes [ten (10) units].

The Indiana Medicaid maximum allowable rate for smoking cessation treatment counseling services is \$22.08 per unit, regardless of the type of practitioner rendering the service.

Smoking Cessation Products

- Over-the-counter smoking cessation products must still be prescribed by a licensed practitioner in order for the pharmacy to be reimbursed by Medicaid.
- All smoking cessation products must be prescribed by a licensed practitioner for use, along with counseling, within the twelve (12) week treatment timeframe.
- Pharmacies will bill for reimbursement according to the normal procedures as outlined in the provider manual.

>Additional Assistance

Please direct any questions to Health Care Excel, Medical Policy Department, at 317-347-4500. Questions regarding billing procedures referenced herein may be directed to the EDS Customer Assistance Unit at 1-800-577-1278.

**Ask
Advise
and Refer!**

INDIANA TOBACCO QUITLINE

1-800-QUIT-NOW

WE'LL SHOW YOU HOW

COMPARISON OF CURRENT PHARMACOTHERAPY FOR NICOTINE DEPENDENCE TREATMENT*

PRODUCT	Nicotine Patch		Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Inhaler	Bupropion HCl SR Tablet	Varenicline Tablet
BRAND NAMES	NICOTROL®	NICODERM CQ® generic	NICORETTE® generic	COMMIT®	NICOTROL® NS	NICOTROL® INHALER	ZYBAN® generic	CHANTIX™
AVAILABILITY	OTC		OTC	OTC	Rx	Rx	Rx	Rx
PRODUCT STRENGTHS	15 mg	21 mg 14 mg 7 mg	2 mg (for smokers of <24 cigarettes/day) 4 mg (for smokers of >25 cigarettes/day)	2 mg (for those who start after 30 mins. of waking) 4 mg (for those who start within 30 mins. of waking)	10 mg/ml	10 mg/cartridge (2mg absorbed/cartridge)	150 mg	0.5 mg and 1 mg
INITIAL DOSING	1 patch/16 hours (remove at night)	1 patch/24 hours	1 piece/1 or 2 hours	1 lozenge/1 or 2 hours	1-2 doses/hour (1 dose=2 sprays or 1 per nostril)	6-16 cartridges/day	150 mg/day (days 1-7**)	0.5 mg once daily (days 1-3) 0.5 mg twice daily (days 4-7)
MAXIMUM DOSING	same as above		24 pieces/ 24 hours	5 lozenges/ 6 hours or 20 lozenges/day	5 doses/hour or 40 doses/day	16 cartridges/day	300 mg/day (days 8+)	1 mg twice daily (day 8- End of treatment)
TIME TO PEAK PLASMA LEVEL	5-10 hours		20-30 minutes	20-30 minutes	5-7 minutes	15 minutes	3 hours	3-4 hours
RECOMMENDED TREATMENT DURATION	10 weeks (2-6 weeks per dose level)	8-10 weeks (2-4 weeks per dose level)	8-12 weeks	12 weeks	3-6 months	Up to 6 months, taper during final 3 months	7-12 weeks (In special circumstances, may take for up to 6 months)	12 weeks (An additional 12 weeks can be prescribed for patients who have successfully stopped smoking at the end of 12 weeks.)
ADVERSE REACTIONS	·Mild skin reaction (Rotate and use steroid cream or try a different brand.)	·Mild skin reaction (Rotate and use steroid cream or try a different brand.) ·Vivid dreams, sleep	·Mouth Soreness ·Hiccups ·Dyspepsia ·Mild,transient jaw ache (Correct technique.)	·Headaches ·Insomnia ·Nausea if swallowed or chewed (Correct technique.)	·Dependence potential ·Local transient irritation in nose, throat and eyes (Resolved through regular use.)	·Mouth and throat irritation (Resolved through regular use.) ·Dyspepsia	·Dry mouth ·Insomnia (Avoid use at bedtime.) ·Shakiness ·Skin Rash	·Nausea ·Headache ·Insomnia ·Abnormal dreams
CAUTIONS & CONTRAINDICATIONS	Caution: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Severe eczema or other skin disease; allergy to adhesive tape.		Caution: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Severe TMJ or other jaw problems; presence of dentures or other dental appliances.	Caution: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers.	Caution: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Asthma; rhinitis; nasal polyps; sinusitis.	Caution: Pregnancy, 2-week post myocardial infarction, serious arrhythmia or serious angina, peptic ulcers. Contraindications: Allergy to menthol.	Contraindications: Seizure disorder; current use of Wellbutrin/ bupropion; current or prior bulimia or anorexia nervosa; current or recent use of MAO inhibitors; bupropion allergy.	Caution: Pregnancy and severe renal impairment.
COST	\$21.00-\$43.00 per box		\$18.00-\$50.00 per box	\$25.00-\$50.00	~\$186.00	~\$178.00/month supply	~\$115.00/month supply	~\$134.00/month supply
INSTRUCTIONS FOR USE	Stop all tobacco use prior to treatment. Apply 1 patch to healthy, clean, dry, hairless skin such as upper arm or hip. Remove and replace daily. Some brands are for 24-hour wear; some are for daytime wear only. Remove 2 hours before prolonged strenuous exercise.		Stop all tobacco use prior to treatment. Bite gum slowly until you notice a peppery taste and a slight tingle. Then park between your cheek and gum. When taste and tingle fade, bite until it starts working again, then park in another part of your mouth. Continue for 30 minutes.	Stop all tobacco use prior to treatment. Allow lozenge to dissolve slowly over 20-30 minutes without chewing or swallowing. Occasionally, move the lozenge from one side of your mouth to the other.	Stop all tobacco use prior to treatment. Blow nose if it is not clear. Tilt head back slightly. Insert tip of bottle as far into nostril as is comfortable. Breathe through mouth. Spray once in each nostril. Do not sniff or inhale while spraying. If nose runs, gently sniff to keep spray in nose. Wait two or three minutes before blowing nose.	Stop all tobacco use prior to treatment. Pull off the top of the mouthpiece. Press one cartridge firmly into bottom of mouthpiece until seal breaks. Replace top. Align marks to close. Inhale a short breath to the back of mouth or puff in short breaths. Do not inhale to lungs. The nicotine in a cartridge lasts for about 20 minutes of active puffing.	Start using bupropion one to two weeks before quitting tobacco use. Take 1 tablet orally (150 mg) each morning for 7 days.** Then take a tablet each morning and another each evening.	Start using CHANTIX one week before quitting tobacco use. CHANTIX should be taken after eating and with a full glass of water. Days 1-3, take one 0.5 mg tablet once daily. Days 4-7, take 0.5 mg tablet twice daily. Days 8-end of treatment, take 1 mg tablet twice daily.

*Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference or the product manufacturer for complete product information and contraindications.

**Package insert says 1 tablet a day for 3 days. Seven-day instructions are an off-label suggestion to avoid side effects. Adapted from The TRUTH™ Network, a collaboration of the Utah Department of Health, Utah's Local Health Departments, and the Coalition for a Tobacco Free Utah. This table is a summary of recommendations for use of medications in treatment of tobacco dependence. The most effective dose varies by individual. Updated May 2006.

*** The price ranges are based upon generic brand availability. The lozenge, nasal spray, inhaler and Chantix are not yet available in generic form.