

# PROVIDER BULLETIN

# NO. 08-39

December 4, 2008

**TO:** Physicians participating in the Nebraska Medicaid Program

**FROM:** Vivianne M. Chaumont, Director  
Division of Medicaid & Long Term Care

**RE:** Coverage of Tobacco Cessation  
Midrin Coverage

Nebraska Medicaid is covering counseling and certain drugs specifically to help clients quit using tobacco. The following information is an overview of the tobacco cessation services.

- Up to two tobacco cessation sessions may be covered per 12 months. A session is limited to a 90 day's supply of medication and up to four tobacco cessation counseling visits.
- Nebraska Tobacco Free Quitline – In order to receive drug products, clients must be enrolled in and actively participating with the Nebraska Tobacco Free Quitline. Clients can access the line directly or by referral from their medical provider. Use of the Quitline is not limited. The Quitline number is 1-800-QUIT-NOW (1-800-784-8669)
- Practitioner Clinic visits – If tobacco cessation products are required, the client must be evaluated for any contraindications to any of the drug products and obtain a prescription. This can occur during the course of another office visit or as an encounter specifically to address tobacco cessation.
- Up to 4 tobacco cessation counseling visits with a medical provider (physician, mid-level practitioner, pharmacist Tobacco Cessation Counselor) are covered per session regardless of who the service provider is. These tobacco cessation counseling visits can be a combination of intermediate (99406) or intensive (99407) visits.
- Tobacco Cessation products – Products are only available for clients 18 years of age or older who require this assistance. Coverage is limited to 90 days supply per session and is also dependant on the client being enrolled and actively participating with the Nebraska Tobacco Free Quitline.

### **How will this work – what do I need to do?**

As previously mentioned, clients can contact the Quitline themselves or be referred by their medical provider. Each scenario will be discussed.

### Medical Provider Referral

1. Client is seen, evaluated, and counseled regarding tobacco cessation.

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2. Prescription written for a drug product as needed and given to client. (However, the prescription will not be able to be filled until First Health is notified by the Quitline that the client has enrolled with them.)
3. Nebraska Tobacco Quitline Medicaid fax referral form completed and faxed to the Quitline (1-877-747-9528)
4. Quitline will contact the client for intake counseling and enrollment. If the client indicates continued interest in tobacco cessation and a desire for drug products, the Quitline will notify First Health and the prescription can be filled.
5. Clinic visits can be scheduled for the follow up tobacco cessation counseling sessions or a referral to a pharmacist approved as a Tobacco Cessation Counselor can be made.
6. The Quitline will also contact the client for additional counseling sessions. The client's lack of active participation with the Quitline will result in discontinuation of Medicaid coverage of drug products.
7. The Quitline will provide feed back to the referring medical provider if the client has completed a session or if they have dropped out of the program.

#### Client Self Referral

1. Client contacts the Quitline.
2. Intake enrollment process is done. If the client expresses an interest in using tobacco cessation drug products, the client is referred to their medical provider for evaluation and prescription.
3. Medical provider sees the client. A prescription is written if appropriate and given to the client.
4. The Nebraska Tobacco Quitline fax referral form is completed and faxed to the Quitline.
5. Quitline will notify First Health that the client is enrolled with them so prescription can be filled.
6. Steps 5, 6 and 7 as listed above will occur.

#### **What is the Nebraska Tobacco Quitline and what do they do?**

- Toll-free quitline (1-800-QUIT-NOW) is available to Nebraska residents 24 hours/day, 365 days/year to those seeking tobacco cessation counseling and support.
- Counseling services are provided by American Cancer Society staff who are trained and certified as tobacco cessation counselors.
- Services include an initial assessment, brief intervention, proactive telephone counseling, self help materials, community resources and follow up programs when available.
- First contact with the Quitline involves an assessment. The caller is assessed as a) tobacco user ready to quit within 30 days, b) Already quit, c) Tobacco user not ready to quit within 30 days, d) just seeking information and e) seeking information for someone else. Based on this information, the client will be connected with services as appropriate.
- All Quitline services are available in English and Spanish. Callers who speak other languages will be able to receive services through the TTY language line.

**What tobacco cessation products will be covered? Do all require a prescription?**

Covered products will include the nicotine gum, nicotine patches, Zyban® and Chantix®. All products, including those available over the counter will require a prescription. Products are not available for anyone under the age of 18.

**What about clients under the age of 18?**

Clients under the age of 18 may participate with all of the tobacco cessation services **except** for obtaining any of the tobacco cessation drug products. None of the products have FDA approval for anyone under the age of 18.

**What if a client starts a drug product and wants/needs to change to a different product?**

A new prescription will be needed. However, tobacco cessation drug products are limited to total of 180 days supply in 12 months. *Changing the product will not allow additional supplies in a 12 month time period* so it will be important to assure that a client is able to tolerate a product before large quantities are dispensed.

**How do I know what pharmacists are approved Tobacco Cessation Counselors?**

Pharmacists desiring to become Tobacco Cessation Counselors must obtain training as a Tobacco Cessation Counselor and apply for a specific Medicaid provider number to bill for these services. It is anticipated that they will contact providers in their area to notify the provider of their availability as a tobacco cessation counselor.

**Where do I get the Nebraska Tobacco Quitline Medicaid fax referral form?**

A copy of the form is attached to this provider bulletin that you may download and reproduce as needed. You may also contact Tobacco Free Nebraska at (402) 471-0101.

**Are there any resources to help practitioners effectively address tobacco use?**

Clinical Practice Guideline – [www.surgeongeneral.gov/tobaccotreating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobaccotreating_tobacco_use08.pdf)

[Http://rxforchange.ucsf.edu/about.php](http://rxforchange.ucsf.edu/about.php)

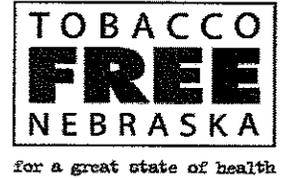
Treating Tobacco Use and Dependence (podcast) [www.medscape.com/viewprogram/3607](http://www.medscape.com/viewprogram/3607)

For questions about this information, please call Lorelee Novak, R.N., Program Specialist – Physician Services at (402) 471-9368.

**Midrin Coverage**

Nebraska Medicaid has been informed that all combinations of isometheptene mucate, dichloralphenazone and acetaminophen have DESI status of 5 and therefore are not eligible for coverage. This includes Midrin and all generic equivalents. Effective 1/1/2009, these products will no longer be covered. Patients taking these products will either have to pay out of pocket or switch to another product. Triptans and generic NSAIDs are covered products which may be considered as options.

For any questions about this drug information, please call (402) 471-9301.



# NEBRASKA TOBACCO QUITLINE MEDICAID FAX REFERRAL FORM

Provider  
Patient  
Provider

1. Print Patient Name (Last, First) \_\_\_\_\_ 2. Date \_\_\_\_\_
3. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Check if pregnant \_\_\_\_\_ 5. Check if Spanish speaking \_\_\_\_\_
6. Patient Medicaid ID# \_\_\_\_\_
7. Provider Name \_\_\_\_\_
8. Provider Address \_\_\_\_\_ 9. Provider E-mail \_\_\_\_\_
10. Provider - Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
11. Fax Sender: \_\_\_\_\_ Pharmacist \_\_\_\_\_ Provider 12. FAX Number (of Sender)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please give patient a PATIENT copy before faxing to the NE Quitline. Fax form to: (877) 747-9528

Patient Initials

I give my permission to my health care provider to fax this information to the Nebraska Tobacco Quitline. I understand this is a free service.

Patient Initials

I am already enrolled in the Nebraska Tobacco Quitline telephone counseling program.

Patient Initials

If I am not available when the Quitline calls to enroll me in the program, I give the Quitline permission to send a letter and/or leave a detailed message on my voice mail or with the person who answers the phone.

Patient Initials

I am aware that information about my Quitline enrollment will be sent to my healthcare provider(s) listed above by the Nebraska Tobacco Quitline and, I understand that I must actively participate in the Quitline telephone counseling program in order to access the

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Address - Street \_\_\_\_\_  
City/State \_\_\_\_\_, NE ZIP \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Preferred Time to be called: \_\_\_\_\_

If prescription has been written please check the product:

- Nicotine gum \_\_\_\_\_ Varenicline \_\_\_\_\_  
(Chantix)
- Nicotine Patch \_\_\_\_\_ Bupropion \_\_\_\_\_  
(Zyban)

The 5 A's for Practitioner office use

- ASK: # of Cigarettes per day \_\_\_\_\_
- ADVISE: Discuss relevance, risks, reward, roadblocks
- ASSESS: No interest, later, ready, maintain, relapse
- ASSIST: Counsel, Materials, NRT
- ARRANGE: Refer to Quitline, follow-up appointment