Adult & Adolescent Tobacco Cessation Clinical Practice Guideline

Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. This guideline outlines the preferred approach for most patients. It is not intended to replace a clinician’s judgement or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

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Patient presents for care at health care provider office.

Tobacco use assessed by designee-and documented in the patient record

Current tobacco user?

YES

“How do you feel about your smoking?”

YES

“How do you feel about quit dates?”

YES

Discuss options for cessation process.

OFFICE COUNSELING

On-site specialist

Health Education Model, Quit Line

Independent Patient Driven

Is patient appropriate for pharmacologic support?

YES

Determine appropriate pharmacologic support

Arrange follow-up

NO

Arrange follow-up

Former tobacco user?

YES

Reinforce quit efforts. Offer tobacco-free information.

Reinforce non-use.

NO

Determine appropriate pharmacologic support

Arrange follow-up

Former tobacco user?

YES

Reinforce non-use.

NO

Brief message on cessation. Possibly give handout.

NO

NO

NO

NO

NO

NO

YES

YES

YES

YES

YES

Numbers in blue boxes refer to the keynotes in the guideline text on the following pages.

For recommendations specific to a pediatric and adolescent population, see keynote 8 in the guideline.
STANDARDS OF CARE

The UW Health Tobacco Cessation Work Group, composed of primary care physicians, oncologists, pulmonologists, tobacco addiction experts, pharmacists, quality improvement, health education, and clinic management staff have developed this guideline in cooperation with the Center for Tobacco Research and Intervention, Unity Health Insurance and Physicians Plus Insurance staff. The Work Group also uses information from the National Cancer Institute and the Public Health Service clinical practice guideline on Treating Tobacco Use and Dependence.

• Health care providers should assess and document tobacco use status for every patient age 12 and over.
• For users, readiness to quit should be assessed and documented at each encounter.
• Patients indicating a readiness to quit should be given choices of methods at every opportunity.

To evaluate the progress towards meeting these standards of care the following performance goals and outcomes measurement have been established.

- **Goal** – To ask tobacco use status at every visit that vital signs are taken.
  - **Measure** – 90% of medical records document tobacco use status.

- **Goal** – To provide advice to quit for all identified tobacco users.
  - **Measure** – 90% of medical records document advice and recommendations to quit.

- **Goal** – To increase tobacco user recall on being advised to quit.
  - **Measure** – 80% of patients recall being advised to quit in HEDIS CAHPS survey.

1 ASSESSMENT OF TOBACCO USE

Assessment of tobacco use status is the first critical step in decreasing tobacco use. Advice to quit and discussion of quit methods are directly related to knowledge of tobacco use status. Every patient’s use should be assessed at every visit where vital signs are taken.

Assessment success is enhanced if —

- Screening guidelines are established as the standard of care at each clinic site
- A system such as an electronic medical record prompt or vital sign stamp is used to indicate status, and
- The person taking the other routine vital signs performs the assessment.

2 Non-use should be reinforced by providers, especially among former users.
3-6 Assessing Readiness to Quit

3: The process of tobacco cessation involves progression through five stages of change: precontemplation, contemplation, preparation, action, and maintenance. Providers can then be more effective with a broad range of patients by matching their interventions to each patient’s stage of change. Understanding readiness to quit will allow provider time to be spent with those who are most likely to quit. Helping patients’ progress just one stage can double their chances of being tobacco free 6 months later. It is recommended that patients be asked to also state their motivation to quit on a scale from 0 (not at all ready) to 5 (ready to quit immediately). Tracking this over time will help clinicians assess changes in readiness to quit.

The following are responses to the screening question, “How do you feel about your smoking?”

Pre-contemplation: No interest in making changes now.
- I’ve been smoking too long to quit now.
- I quit once before but I don’t intend to cut down or quit.

Contemplation: Considering making changes sometime in the future.
- I've decided that I need to quit but I’m afraid of gaining weight.
- I’m close to making a decision but haven’t made any definite plans.

Preparation: Seriously considering changes soon.
- I’ve decided to cut down or even quit, but I haven’t gotten beyond that.
- I’ve decided to cut down but I need help getting started.
- I’ve decided to quit. I’ve thought about the patches and gums but I’m not sure what to use.

Action: In the process of making some changes.
- I’d like cut down or quit on my own.
- I’m going to try to quit.

Maintenance: Continued progress over time
- I know what to do in high-risk or tempting situations.
- I’m worried about gaining weight but I’m dealing with cravings one day at a time

Relapse: Former non-smoker who has gone back to smoking

4: A user not ready to consider quitting is in the pre-contemplation stage, and is helped most when providers avoid confrontation while conveying both the message that quitting is important and the desire to be helpful when the user is ready to consider quitting. Although the effect on desire to quit is not proven, giving patients at this stage a brochure describing the benefits of tobacco cessation may be helpful for certain individuals.

5: A user who has thought about quitting but is not yet ready to set a date is in the contemplation stage. A contemplator is considering quitting, usually within 2-6 months. The patient usually accepts supportive urging to quit and help in developing a plan for quitting.

6: A user who has thought about quitting and is ready to set a quit date is in the preparation stage. Provide information on stages of readiness, methods to quit, roadblocks, and aids to quit, including drug therapy and insurance benefits. Encourage patient to consider setting a quit date in 1-3 weeks. Behavioral interventions, such as removing or altering cues for tobacco use, are most helpful for patients who are ready to take action.
7 Targeting the Patient’s Motivators to Quit

Understanding what motivates patients to want to quit is critical to understanding why a patient succeeds or fails. Emphasize the importance of learning from prior quit attempts in achieving success. Reinforce the role of social supports such as spouse, children, and grandchildren. The AHRQ suggests that even though a tobacco user is enrolled in an intervention, he or she may still be concerned about the effects of quitting or demoralized because of previous failures to quit. This individual may respond to motivational interventions following the “5 Rs”:

<table>
<thead>
<tr>
<th>Relevance</th>
<th>Motivational information given to a patient has the greatest impact if it is relevant to a patient’s health, health concerns, family situation (e.g. children in the home), age, gender, and other important patient characteristics (e.g., prior quitting experience).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>Ask the patient to identify the potential negative consequences of smoking and highlight those that seem most relevant to the patient. Examples of consequences include:</td>
</tr>
<tr>
<td></td>
<td>• Acute risks: Shortness of breath, exacerbation of asthma, impotence, infertility</td>
</tr>
<tr>
<td></td>
<td>• Long-term risks: Heart attacks, strokes, lung and other cancers, COPD</td>
</tr>
<tr>
<td></td>
<td>• Risk of second hand smoke: Increased risk of lung cancer in spouse and children; increased risk of SIDS, URI, asthma, and ear infection in children</td>
</tr>
<tr>
<td>Reward</td>
<td>Ask the patient to identify the potential benefits of quitting tobacco use, highlight those that seem most relevant to the patient. Examples of rewards include:</td>
</tr>
<tr>
<td></td>
<td>• Food will taste better</td>
</tr>
<tr>
<td></td>
<td>• Save money</td>
</tr>
<tr>
<td></td>
<td>• Home, car, breath will smell better</td>
</tr>
<tr>
<td></td>
<td>• Have healthy babies and children</td>
</tr>
<tr>
<td></td>
<td>• Feel better physically</td>
</tr>
<tr>
<td></td>
<td>• Perform better in sports</td>
</tr>
<tr>
<td></td>
<td>• Improved sense of smell</td>
</tr>
<tr>
<td></td>
<td>• Feel better about yourself</td>
</tr>
<tr>
<td></td>
<td>• Can stop worrying about quitting</td>
</tr>
<tr>
<td></td>
<td>• Not exposing others to smoke</td>
</tr>
<tr>
<td></td>
<td>• Freedom from addiction</td>
</tr>
<tr>
<td></td>
<td>• Set a good example for kids</td>
</tr>
<tr>
<td>Roadblocks</td>
<td>Ask the patient to identify barriers to quitting and note elements of treatment (problem solving, pharmacotherapy) that could address the barriers. Common barriers include:</td>
</tr>
<tr>
<td></td>
<td>• Withdrawal symptoms</td>
</tr>
<tr>
<td></td>
<td>• Fear of failure</td>
</tr>
<tr>
<td></td>
<td>• Weight gain</td>
</tr>
<tr>
<td></td>
<td>• Lack of support</td>
</tr>
<tr>
<td></td>
<td>• Depression</td>
</tr>
<tr>
<td></td>
<td>• Enjoyment of tobacco</td>
</tr>
<tr>
<td>Repetition</td>
<td>The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting</td>
</tr>
</tbody>
</table>

8 Motivators for the adolescent tobacco user

Direct patient interventions with the right message have been found to be effective in influencing smoking cessation in adolescents. Here are a number of brief messages to use when talking to teens.

- Tobacco causes yellow teeth and fingers, bad breath, smelly clothes, and wrinkled skin.
- Cigarettes contain 4000 chemicals, 400 are toxic (arsenic & formaldehyde), and 40 cause cancer.
- Smoking a pack a day costs over $15 a week--more than the cost of a CD.
- Most people don’t smoke. Only one in four adults smoke and fewer teens.

Ask the teen, "Do you feel that cigarettes control your life in any way?"
9 Models of Smoking Cessation Programs

Many different types of providers (physicians, nurses, dentists, psychologists, pharmacists, etc.) as well as different formats are effective in increasing tobacco cessation rates. Both individual and group counseling are effective and are more effective than no counseling. While the choice of format will depend on the provider and patient, a strong dose-response relationship exists between counseling intensity and cessation success. Research has shown that provider counseling is a key factor for success. Types of models include:

- Specialist Model--on-site health professional trained in intervention
- Health Education Model--enrollment in a group smoking cessation program, or use of Quit Line
- Part of Practice Model--physician or extender provides patient counseling as part of the encounter
- Patient-Driven Model--"I can do it by myself" or "Go-it-alone", the likelihood of success is less with the independent patient-driven model.

UW Health clinics may refer to UWMF Patient Education or the Center for Tobacco Research and Intervention for individual or group tobacco cessation counseling.

10 Common Elements of Supportive Tobacco Cessation Treatments

<table>
<thead>
<tr>
<th>Supportive Treatment Component</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Encourage the patient in the quit attempt | • Note that effective cessation treatments are now available.  
• Note that half of all people who have ever smoked have quit.  
• Communicate belief in patient’s ability to quit. |
| Communicate caring and concern | • Ask about how patient feels about quitting.  
• Directly express concern and willingness to help.  
• Be open to the patient’s expression of fears of quitting, difficulties experienced, and ambivalent feelings. |
| Encourage the patient to talk about the quitting processw | Ask about:  
• Reasons the patient wants to quit  
• Difficulties encountered when quitting  
• Success the patient has achieved  
• Concerns or worries about quitting |
| Provide basic information about smoking and successful quitting | • The nature/time course of withdrawal  
• The fact that any smoking (even a single puff) increases the likelihood of full relapse |

11 Indications for Pharmacologic Support

The efficacy of tobacco-cessation counseling interventions is enhanced by the use of pharmacologic therapy. Pharmacologic support is recommended to all smokers who are motivated to make a quit attempt, in the absence of specific contraindications.

Pharmacologic support will be most successful when one or more of the following criteria are met:

- The patient is motivated to quit within the month.
- The patient agrees to quit using tobacco products with the start of nicotine replacement therapy (or 1-2 weeks after the start of bupropion or varenicline).
- The patient agrees to participate in a follow-up program.
- Previous quit attempts have failed because of withdrawal symptoms.
### 12 Fagerstrom Test for Nicotine Dependence

<table>
<thead>
<tr>
<th>SCORE</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>How soon after you wake up do you smoke your first cigarette?</td>
<td>&gt; 1 hr</td>
<td>1/2 - 1 hr</td>
<td>6-30 min</td>
<td>≤ 5 min</td>
</tr>
<tr>
<td>Do you find it difficult to refrain from smoking in places where it is forbidden such as the grocery store, restaurants, or movie theater?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which cigarette would you hate to give up?</td>
<td>Any other</td>
<td>1st in AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many cigarettes do you smoke per day?</td>
<td>&lt;10</td>
<td>11-20</td>
<td>21-30</td>
<td>&gt;31</td>
</tr>
<tr>
<td>Do you smoke more frequently during 1st hour after waking than during the rest of the day?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you smoke when you are so ill that you are in bed most of the day?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring: 0-4 = low  5 = medium  6-7 = high  >8 = very high nicotine dependence

Patients who score high or very high are potential candidates for pharmacologic therapy

### 13 Quit Rates and Efficacy of Pharmacologic Support

<table>
<thead>
<tr>
<th>Pharmacotherapy</th>
<th>Studies (n = x studies)</th>
<th>Estimated</th>
<th>Placebo</th>
<th>Estimated Abstinence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion SR</td>
<td>2</td>
<td>30.5%</td>
<td>Placebo reference group</td>
<td>17.3%</td>
</tr>
<tr>
<td>Nicotine Gum</td>
<td>13</td>
<td>23.7%</td>
<td>Placebo reference group</td>
<td>17.1%</td>
</tr>
<tr>
<td>Nicotine Inhaler</td>
<td>4</td>
<td>22.8%</td>
<td>Placebo reference group</td>
<td>10.5%</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td>3</td>
<td>30.5%</td>
<td>Placebo reference group</td>
<td>13.9%</td>
</tr>
<tr>
<td>Nicotine Patch</td>
<td>27</td>
<td>17.7%</td>
<td>Placebo reference group</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Source: Meta Analysis from the Public Health Service Clinical Practice Guideline, Fiore et. al., June 2000.

### 14 Precautions in Patients Using Nicotine Replacement Therapy

**Pregnancy and lactation** — Pregnant smokers should first be encouraged to attempt cessation without pharmacologic treatment. The nicotine patch should be used only if the increased benefits of smoking cessation outweigh the risk of nicotine replacement and potential concurrent smoking.

**Cardiovascular diseases** — Although not an independent risk factor for acute MI, the risks and benefits of nicotine replacement should be weighed in the following groups: those in the immediate (within 4 weeks) post-MI period, those with serious arrhythmias, and those with severe or worsening angina pectoris.

**Skin reactions** — Up to 50% of patients using the nicotine patch will have a mild and self-limiting local skin reaction that can worsen over the course of therapy. Hydrocortisone (5%) or triamcinolone (.5%) and patch rotation may reduce local reactions. <5% of patients require discontinuation of patch treatment.

**Adolescents** — Safety and efficacy in adolescent smokers have not been extensively evaluated. However, nicotine itself has not been shown to be carcinogenic; thus delivering nicotine via patch or gum that lack the carcinogens and toxins of cigarettes is safer than...
continuing to smoke. Clinical trials with bupropion did not include individuals < 18 years old. Therefore, the safety and efficacy of bupropion in the adolescent smoking population have not been established.

**Children** - The amounts of nicotine that are tolerated by adult smokers can produce symptoms of poisoning and be potentially fatal to children. Used and unused nicotine delivery systems should be kept out of the reach of children and pets. Clinical trials with bupropion did not include individuals < 18 years old. Therefore, the safety and efficacy of bupropion in the child smoking population have not been established.

**15 Signs and Symptoms of Acute Nicotine Overdose**

- Nausea
- Upset stomach
- Lightheadedness
- Rapid heart rate

Some people can relate to the first time they smoked a cigarette or if smoked a few cigarettes in rapid succession.

**PATIENTS NEED TO BE REMINDED:** DO NOT SMOKE WHILE WEARING THE PATCH DUE TO RISK OF OVERDOSE!

**16 Pharmacologic Therapy**

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### UW-CTRI Quit Tobacco Series: Medication Chart November 2006

<table>
<thead>
<tr>
<th>Medication</th>
<th>Cautions</th>
<th>Side Effects</th>
<th>Dosage</th>
<th>Use</th>
<th>Availability</th>
<th>Average Cost</th>
</tr>
</thead>
</table>
| **Bupropion SR 150** | Not for use if you:  
- Currently use a monoamine oxidase (MAO) inhibitor  
- Use bupropion in any other form (Zyban/Wellbutrin)  
- Have a history of seizures  
- Have a history of eating disorders  
- * Generic: $21.99  
- * Zyban: $166.99  
- * Commit: $29.99  
- * Generic SR: $22.99  
- * Wellbutrin SR: $22.99  
- * G: $101.99  
- * W: $167.99  
- * Z: $185.99 | * Insomnia  
* Dry mouth  
* Days 1-3: 150 mg each morning  
* Days 4-end: 150 mg twice daily | Start 1-2 weeks before quit date; use 2 to 6 months | Prescription Only:  
* Zyban  
* Commit  
* Generic  
* Generic SR  
* Wellbutrin SR | 1 box of 60 tablets, 150 mg:  
* Z: $185.99  
* W: $167.99  
* G: $101.99 | $115 per month (≤ 25 cigs)  
$190.99 for 21 mg for 4-8 hrs  
$166.99 for 4 mg, 48 tablets = 7 days |  

### Nicotine Gum (2 mg or 4 mg)

- Caution with dentures  
- Don’t drink acidic beverages during use  
- Mouth soreness  
- Stomach ache  
- 1 piece every 1 to 2 hours  
- 1 day to 2 days  
- 2 mg: If smoking after first 30 min. you’re awake  
- 4 mg: If smoking within first 30 min. you’re awake  
- Weeks 1-6: 1 every 1-2 hrs  
- Wks 7-9: 1 every 2-4 hrs  
- Wks 10-12: 1 every 4-8 hrs  | Up to 12 weeks or as needed | OTC Only:  
* Nicorette  
* Generic | 1 box of 168 cartridges = $166.99  

### Nicotine Inhaler

- May irritate mouth/throat at first (but improves with use)  
- Don’t drink acidic beverages during use  
- Local irritation of mouth and throat  
- 6-16 cartridges/day  
- Inhalation 80 times/cartridge  
- May save partially-used cartridge for next day | Up to 6 months; taper at end | Prescription Only: Nicotrol inhaler |  

### Nicotine Lozenge (2 mg or 4 mg)

- Do not eat or drink 15 minutes before or during use  
- One lozenge at a time  
- Limit 20 in 24 hours  
- Hiccups  
- Cough  
- Heartburn  
- 2 mg: If smoking after first 30 min. you’re awake  
- 4 mg: If smoking within first 30 min. you’re awake  
- Weeks 1-6: 1 every 1-2 hrs  
- Wks 7-9: 1 every 2-4 hrs  
- Wks 10-12: 1 every 4-8 hrs  | Up to 12 weeks | OTC Only:  
* Commit  
* Generic (Nicabate) | 2 mg, 48 tablets:  
* Commit: $29.99  
* Generic: $24.99  
4 mg, 48 tablets = 7 days |  

### Nicotine Nasal Spray

- Not for patients with asthma  
- May irritate nose (improves over time)  
- May cause dependence  
- Nasal irritation  
- "1 dose" = 1 squirt per nostril  
- 1 to 2 doses per hour  
- 6 to 40 doses per day  
- Do NOT inhale  
- 3-6 months; taper at end | | Prescription Only: Nicotrol NS | 1 box of 40 ml = $190.99 |  

### Nicotine Patch

- Do not use if you have severe eczema or psoriasis  
- Local skin reaction  
- Insomnia  
- One patch per day  
- If ≥10 cigs/day: 21 mg for 4 wks, then 14 mg for 2 wks,  
7 mg for 2 wks  
- If <10 cigs/day: 14 mg for 4 wks,  
7 mg for 4 wks  
- 6-8 weeks | | OTC:  
* Nicoderm CQ  
* Nicotrol  
* Generic Prescription:  
* Generic (Legend) |  
21 mg, box of 7: Nicoderm: $29.99  
Generic: $21.99  
14 mg, box of 7: Nicoderm: $29.99  
Generic: $21.99 |  

### Varenicline

- Use with caution and consider dose reduction in patients:  
- With significant renal impairment  
- Undergoing dialysis  
- * Nausea  
- Insomnia  
- Abnormal dreams  
- Headache  
- Days 1-3: 0.5 mg every morning  
- Days 4-7: 0.5 mg twice daily  
- Day 8-end: 1 mg twice daily  | | Prescription Only: Chantix | Cost varies.  
Approximately $115 per month  
($3.70 per day) |  

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Please see the included medication summary document.
### 17 Common Elements of Problem-Solving/Skills-Training Smoking Cessation Treatment

<table>
<thead>
<tr>
<th>Problem-solving Treatment Component</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Recognition of danger situations – Identification of events, internal states, or activities that are thought to increase the risk of smoking or relapse | - Being around other smokers  
- Being under time pressure  
- Getting into an argument  
- Experiencing urges or negative moods  
- Drinking alcohol |
| Coping skills -- Identification and practice of coping or problem-solving skills. Typically, these skills are intended to cope with danger situations. | - Learning to anticipate and avoid danger situations  
- Learning cognitive strategies that will reduce negative moods  
- Accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure  
- Learning cognitive and behavioral activities that distract attention from smoking urges |
| Basic information -- Provision of basic information about smoking and successful quitting. | - The nature/time course of withdrawal  
- The addictive nature of smoking  
- The fact that any smoking (even a single puff) increases the likelihood of full relapse |

### 18-19 Prevention of Relapse

- **18** All quitters are at risk of relapse but several groups of patients are at higher risk of relapse and should have more intensive phone or office visit follow up. Predictors of relapse include:
  - High levels of nicotine dependence (see the Fagerstrom Nicotine Dependence Test,  
  - Psychiatric comorbidity  
  - Low levels of motivation to quit  
  - Post-partum

- **19** Every ex-tobacco user undergoing relapse prevention should receive congratulations, encouragement, and a request from you that they remain abstinent. Areas to address:

  **Positives**
  - The benefits, including health benefits, that the patient may derive from cessation.
  - Any success the patient has had in quitting (duration of abstinence, reduction in withdrawal).

  **Negatives**
  - Anticipated problems or threats to maintaining abstinence.
  - Weight gain -- The clinician might make dietary, exercise, or lifestyle recommendations, or might refer the patient to a specialist or program. The patient can be reassured that some weight gain after quitting is common, is usually temporary, and that significant dietary restrictions soon after quitting may be counterproductive.
  - Negative mood or depression -- If significant, the clinician might prescribe appropriate medications or refer the patient to a specialist.
  - Prolonged withdrawal symptoms -- If the patient reports prolonged craving or other withdrawal symptoms, the clinician might consider extending nicotine replacement therapy.
  - Lack of support for cessation -- The clinician might schedule follow-up phone calls with the patient, help the patient identify sources of support within his/her environment, or refer the patient to an appropriate organization that offers cessation counseling or support.
### 20 Patient Education Materials Available for Distribution

<table>
<thead>
<tr>
<th>Topic</th>
<th>Material of Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers Contemplating Quitting</td>
<td>• Agency for Healthcare Research and Quality (AHQRQ) You Can Quit Smoking <a href="http://www.ahrq.gov/consumer/tobacco/Quits.htm">http://www.ahrq.gov/consumer/tobacco/Quits.htm</a></td>
</tr>
<tr>
<td>Smokers Ready to Set a Quit Date</td>
<td>• AHRR You Can Quit Smoking, <a href="http://www.ahrq.gov/consumer/tobacco/Quits.htm">http://www.ahrq.gov/consumer/tobacco/Quits.htm</a></td>
</tr>
<tr>
<td></td>
<td>• Dane County Tobacco Prevention and Cessation</td>
</tr>
<tr>
<td></td>
<td>• Quit Smoking Health Facts for You patient education folder (HFFY #3096) <a href="https://uconnect.wisc.edu">https://uconnect.wisc.edu</a></td>
</tr>
<tr>
<td>Teen Smokers</td>
<td>• American Academy of Pediatrics, Straight Talk for Teens, available on U-Connect at <a href="https://uconnect.wisc.edu">https://uconnect.wisc.edu</a> &gt; Worklists &gt; Patient Educaion &gt; AAP Patient Education &gt; Adolescents and School Aged Children</td>
</tr>
<tr>
<td></td>
<td>• UW Center for Tobacco Research and Intervention (CTRI) Quit Smoking Program Workbook</td>
</tr>
<tr>
<td></td>
<td>• Tobacco Quit Line 1-800-QUIT-NOW</td>
</tr>
<tr>
<td></td>
<td>• American Lung Association N-O-T Program 1-800-LUNG-USA or <a href="http://www.lungusa.org">www.lungusa.org</a></td>
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<td>• First Breath materials from Wisconsin Womens Health Foundation, <a href="http://www.wwhf.org/fb">http://www.wwhf.org/fb</a></td>
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<td>• UW CTRI <a href="http://www.ctri.wisc.edu/Smokers/smokeless.htm">http://www.ctri.wisc.edu/Smokers/smokeless.htm</a></td>
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<tr>
<td>Environmental Exposure</td>
<td>• How to Protect Your Child From Passive Smoking</td>
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<td>• American Academy of Pediatrics, Environmental Tobacco Smoke: A Danger to Children. AAP materials are available on U-Connect at <a href="https://uconnect.wisc.edu">https://uconnect.wisc.edu</a> &gt; Worklists &gt; Patient Education &gt; AAP Patient Education &gt; Safety and Prevention</td>
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### 21 Health Insurance Benefits for Tobacco Cessation

**Unity Health Insurance**

Coverage includes:

- Office visits to obtain counseling and prescriptions
- Medication products covered (prescription required) WITH maximum/limit of 6 months treatment per calendar year: Varenicline(Chantix™), nicotine patch, nasal spray (non-formulary co-pay), inhaler (non-formulary co-pay).
- Medication products covered (prescription required) WITHOUT maximum/limit durations: Buproprion SR
- Medication products NOT covered: over-the-counter nicotine patch, gum or lozengers.
- Unity’s Wellness First program will reimburse members 50% of the cost of a health-related class at one of Unity’s participating providers up to a maximum of $50 per member per year. For tobacco cessation assistance, members can take a class on topics such as: tobacco cessation, nutrition, weight management, physical activity, stress management, meditation, and accupressure.
- Office visits and products are subject to co-payments, coinsurance, and any out-of-pocket maximum payments (if applicable).
- For more information, visit Unity’s website at [www.unityhealth.com](http://www.unityhealth.com) or contact Unity at 1-800-362-3310.
<table>
<thead>
<tr>
<th>Insurance Provider</th>
<th>Coverage includes:</th>
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| Physicians Plus Insurance Corporation   | • Pharmacotherapy course of bupropion and/or one nicotine replacement product for a period of three consecutive months, per member per calendar year  
• Products covered include: bupropion SR, varenicline (PA), nicotine patches, gum, nasal spray, lozenges, or cartridge inhaler  
• Office visits to obtain counseling and prescriptions  
• Annual Good Health Bonus may be used to reimburse class fees for members who have completed an approved nicotine cessation class  
• Go-To Healthy Choices web-based smoking cessation program HealthMedia®BREATHE.  
• Products are subject to prescription drug co-payments, coinsurances, and annual out of pocket maximum  
• Contact at [http://www.HealthyChoicesBigRewards.com](http://www.HealthyChoicesBigRewards.com) or 1-608-282-8900 or 800-545-5015 |
| All State of Wisconsin Employees        | • Pharmacological products that by law require a written prescription and are prescribed for the purposes of achieving smoking cessation.  
• Products covered include Bupropion, Varenicline and prescribed (Legend) nicotine patches, spray or inhaler.  
• Products are subject to prescription drug co-payment and annual out-of-pocket maximum.  
• Coverage is limited to one consecutive three month course of treatment per calendar year.  
• Contact at [http://www.navitus.com](http://www.navitus.com) or 1.866.333.2757 |
| Group Health Cooperative                 | • One-hour consultation with a behavioral health educator.  
• Members may obtain wellbutrin SR or nicotine patches, nicotine nasal spray or nicotine inhaler following patient education with a behavioral health educator. Members may choose weekly phone follow-up (8 weeks), in-clinic follow-up visits with health educator, MyChart follow-up, State Quit Line, or in-clinic follow-up visits. GHC members with Navitus pharmacy coverage and GHC Medical Assistance patients may obtain cessation medication without patient education, though patient education is recommended.  
• Contact at [http://www.ghc-hmo.com](http://www.ghc-hmo.com) or at 1.608.257.9700 x1829 |
| Dean Health Plan                        | • Pharmacological products can be used simultaneously and include prescriptions of Chantix™, Zyban, nicotine nasal spray and the nicotine patch. These are covered with a $10.00 co-pay per fill.  
• Office visit to obtain counseling and a prescription.  
• Dean does not require counseling but strongly encourages it members to use the Wisconsin Tobacco Quit Line.  
Contact at: [http://www.deancare.com](http://www.deancare.com) or DHP customer service at 1.608.828.1301 or 1.800.279.1301. |
| State of Wisconsin Medical Assistance   | • Pharmacological products that by law require a written prescription and are prescribed by a medical provider for smoking cessation.  
• Products covered include bupropion and prescribed nicotine patches, spray or inhaler.  
• An office visit for counseling and to obtain the prescription.  
FFS patients are required to pay a $1 co-pay per prescription medication with a monthly maximum of $5 paid to any one pharmacy.  
Please see additional information in attachments: Medicare Coverage for Medication and Counseling for Tobacco Cessation; Medicaid and Tobacco Dependence Treatment. |
Medicare does not cover any type of smoking cessation products. Please see additional information in attachments: Medicare Coverage for Medication and Counseling for Tobacco Cessation; Medicaid and Tobacco Dependence Treatment.

### 22 Web Site Resources

Informational sites on tobacco cessation:

- Action on Smoking and Health, an anti-tobacco advisory group. [http://www.ash.org](http://www.ash.org)
- Agency for Healthcare Research and Quality (AHRQ) formerly known as the Agency for Health Care Policy and Research [http://www.ahrq.gov](http://www.ahrq.gov)
- Blair’s Quitting Smoking Resources, [http://www.quitsmokingsupport.com](http://www.quitsmokingsupport.com)
- The American Heart Association, [http://www.americanheart.org](http://www.americanheart.org)
- The American Lung Association, [http://www.lungusa.org](http://www.lungusa.org)
- The Centers for Disease Control, [http://www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)
- The Truth, an interactive site aimed at adolescents, [http://www.thetruth.com](http://www.thetruth.com)
- UW Center for Tobacco Research and Intervention, [www.ctri.wisc.edu](http://www.ctri.wisc.edu)

### 23 Wisconsin Tobacco Quit Line: 1-800-QUIT-NOW or 1-877-2NO-FUME en Español

The Wisconsin Tobacco Quit Line has help for: cigarette smokers, cigar smokers, smokeless tobacco users, friends, family and health care providers. It offers free information on quitting smoking, one-on-one, practical telephone counseling on how to boost your chance for success in quitting, and referrals to local quit smoking programs and services.

You can call the Quit Line at 1-800-QUIT-NOW (1-800-7848-669) or 1-877-2NO-FUME (1-877-266-3863) any time for assistance, information and encouragement.

The Quit Line offers trained smoking cessation specialists and has helped hundreds of people quit.

### References


Jorenby, DE, et al. Efficacy of varenicline, an 4 2 nicotinic acetylcholine receptor partial agonist vs. placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. JAMA. 2006;296:56 - 63.


Attachments
• Medicare Coverage for Medication and Counseling for Tobacco Cessation
• Medicaid and Tobacco Dependence Treatment
• UW CTRI Medications Summary

Acknowledgement
This guideline was initially developed and adopted in August 2000 by the UW Heath Tobacco Cessation Task Force. Members of the Task Force include employees of: UW Medical Foundation, Center for Tobacco Research and Intervention, UW Hospital and Clinics, Meriter Hospital, Department of Family Medicine, Unity Health Insurance and Physicians Plus Insurance Corporation. Revisions were made in 2002 and then again in 2nd quarter 2004 with final adoption occurring Summer 2004.

This revision is 4th Quarter 2006/1st Quarter 2007 version. Questions or comments can be directed to Richard Brown, MD, Department of Family Medicine at rlbrown@wisc.edu.

Program information for the UW Health Stop Tobacco Use Now program is available on the UWMF intranet site at https://uconnect.wisc.edu.
The United States Public Health Service guidelines for quitting smoking recommend a combination of counseling and medication. The following seven medications are approved by the FDA for that purpose. There’s no magic medication to cure addiction to nicotine. However, these medications can increase your chances of quitting two- or three-fold. It’s important to see your doctor to be sure you’re using the right dosage for the appropriate duration.

Buproprion (Zyban)

Buproprion SR is a prescription pill marketed under the brand name Zyban. It is also available generically. It is designed to help reduce cravings for nicotine. It can also relieve symptoms of depression for some patients. This is not for use if you have a history of seizures or eating disorders or are currently using a monoamine oxidase (MAO) inhibitor or any other form of buproprion (such as Zyban or Wellbutrin). Treatment is recommended for seven to 12 weeks. Begin taking Buproprion 7-14 days prior to your quit date.

Nicotine Replacement Therapies (NRT)

• **Patch.** Patches are designed to provide a steady stream of nicotine through your skin over a designated time (16-24 hours, depending on the product). The patch is available via prescription or over the counter (OTC). It’s designed to give you enough nicotine to ease cravings. Treatment is typically recommended for six to eight weeks.

• **Gum.** This OTC product is recommended for smokers who want something to turn to when experiencing urges to smoke. Chew up to 20-30 pieces a day for six to eight weeks. Use the 4 mg gum if you’re smoking 25 cigarettes or more per day or using chewing tobacco. Use the 2 mg gum if you’re smoking less than 24 cigarettes a day.

• **Inhaler.** Patients “puff” small doses of nicotine through this prescription product that looks similar to a cigarette. Unlike a cigarette, there is no harmful carbon monoxide. Treatment usually lasts eight to 12 weeks, depending on the patient.

• **Nasal spray.** This prescription product sprays nicotine into your nose. Recommended use is up to two sprays an hour for as many as three months.

• **Lozenge.** This OTC medication is usually used eight to 12 weeks. If you typically have your first cigarette or dip within 30 minutes of awakening, use the 4 mg dose. Otherwise use the 2 mg dose. Patients are urged to use at least 6 to 12 lozenges per day.

Varenicline (Chantix)

Varenicline, a pill, is a new quit-smoking medication approved for use by the Food and Drug Administration (FDA) in May 2006. It is available by prescription only. Varenicline acts differently than the other cessation medications. It is intended to block some of the rewarding effects of nicotine (the addictive drug in tobacco products) and at the same time take away the withdrawal most people feel after they quit. In research studies, varenicline was well tolerated, with overall discontinuation rates similar to placebo. The most common side effects included nausea, headache, trouble sleeping and abnormal dreams. Begin taking varenicline 7 days prior to your quit date. Recommended treatment is 12 weeks.
Wisconsin MEDICAID Changes – Simpler, Better

Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescriptions and office visits for the purpose of tobacco dependence treatment.

This Means . . .

- Patients **do not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication.
- You **do not** need to document counseling on the prescription.
- Wisconsin Medicaid now covers **combination therapy** for smokers (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment are allowed.

Reimbursement

- Office visits for the sole purpose of tobacco dependence treatment do not require prior authorization for reimbursement.
- Use the ICD-9 code (305.1) plus 99201-99205 for new patients and 99211-99215 for established patients.
- Treatment can be provided by any Medicaid-certified physician, nurse practitioner or physician assistant, or ancillary staff under the direct on-site supervision of a physician and is reimbursed when billed by the supervising physician.
- Group therapy, telephone and web-based counseling are not covered. HMO enrollees may have access to an on-going counseling program through their HMO.

Covered Medications

*Medicaid, BadgerCare and SeniorCare cover the following:*

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray and patch (written as “legend nicotine patch”)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine-replacement therapy, for example.
- Enrollment in smoking dependence treatment counseling programs is no longer required.

**Did You Know?**

- Adult smoking among Wisconsin Medicaid recipients is 50 percent higher than the adult population as a whole.
- Wisconsin Medicaid recipients are often not aware of treatments available to them.
- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) provides free, individualized counseling for patients before, during and after the quit date.
Medicaid and Tobacco Dependence Treatment

Five Simple Steps for Helping Your Patients Quit

1. **ASK** Identify tobacco users.
   - The medical assistant, nurse or physician asks every patient if he or she uses tobacco and notes the response in the electronic chart or on the paper medical record.

2. **ADVISE** Talk with the patient about tobacco use.
   - The physician (or other healthcare provider) in a clear, strong and personalized manner, urges every tobacco user to quit. Research shows that linking quitting to current health concerns—like frequent colds, heart disease, diabetes, asthma, etc.—is most effective.
   
   *Note: Advice to quit should be noted in the patient’s medical record.*

3. **ASSESS** Determine if the patient is willing to make a quit attempt at this time.
   - Is he or she ready to set a quit date within a month?

4. **ASSIST** If the patient is ready to quit, prescribe a medication unless contraindications exist.
   - The physician determines which medication would best help each patient, depending upon past history, amount smoked, current medications, etc. and prescribes that medication.
   
   *Note: As mentioned above, only FDA-approved, prescription medications are covered (bupropion SR, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline). Fee For Service (FFS) patients are required to pay a co-pay for prescription medication with a monthly maximum of $12 per pharmacy. Co-pay does not apply to HMO enrollees.*

5. **ARRANGE** Arrange follow-up including counseling.
   - If the clinic has a counseling program, refer the patient if appropriate (Medicaid does not cover group or telephone counseling, only face-to-face, one-on-one).
   
   *Note: Office visits for the sole purpose of treating tobacco dependence are reimbursable. All Medicaid office visits are subject to a co-pay of up to $3 except for HMO enrollees.*

For counseling, the Wisconsin Tobacco Quit Line is an excellent option.

If the patient is ready to make a quit attempt and has regular access to a phone, connect the patient to the Quit Line either through the Fax to Quit Program or by giving the patient a card or brochure with the Quit Line number. This telephone-based counseling is free and individualized. The Quit Line also has lists of local counseling programs. HMO enrollees may also have access to HMO-specific smoking dependence treatment programs and counseling. This is an excellent “treatment extender” to what you provide in your office.

**Final note:** Tobacco Dependence is a chronic disease and should be treated as such (like diabetes or hypertension). Patients often relapse and may feel discouraged because of this. Most people who eventually quit have made multiple attempts. It is important to encourage tobacco users by treating each attempt as a learning experience and not as a failure. Patients can ultimately succeed in quitting with help from medication, counseling and your support.
MEDICARE COVERS MEDICATION & COUNSELING FOR TOBACCO CESSATION

The U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* recommends the combination of medication and counseling for every patient who uses tobacco. Medicare began covering tobacco treatment medications Jan. 1, 2006 and has covered counseling since March of 2005.

**Qualified Beneficiaries**

Medicare beneficiaries qualify for tobacco treatment benefits if they have a disease or adverse health effect found by the U.S. Surgeon General to be linked to tobacco use (heart disease, lung disease, cerebrovascular disease, certain types of cancer, blood clots, cataracts, weak bones). They also qualify if they are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use, based on FDA-approved information.

**Covered Medications**

Every drug plan is required by Medicare to cover at least one of the following FDA-approved medications:
- Bupropion SR
- Nicotine inhaler
- Nicotine nasal spray
- Nicotine patch (if “legend” or prescription)

**Covered Counseling**

Doctors can double quit rates by following the clinical practice guideline recommendation to counsel patients to quit. Medicare covers two individual cessation attempts per year per patient. Each attempt may include a maximum of four intermediate sessions (three-10 minutes) or intensive sessions (more than 10 minutes), with the total annual benefit covering up to eight sessions in a 12 month period.

Providers eligible for reimbursement are physicians, physician assistants and nurse practitioners. Reimbursement is also available for services furnished as an incident to a physician's professional services; or qualified psychologist services; or clinical social worker services.

**Outpatients**: Counseling coverage is available as described above.

**Inpatients**: Hospitalizations for a tobacco-related disease are eligible for separate reimbursement as described above. Sessions of three minutes or less are included in the evaluation and management of patients under existing Medicare reimbursement.

**Know the Codes**: The billing code for counseling treatment is: **G0376**.

**Limits**: Group therapy, telephone and web-based counseling are NOT covered.

However, the Wisconsin Tobacco Quit Line is free and is available to assist all Wisconsin residents who want to quit: **1-800-QUIT-NOW** (800-784-8669); 7 a.m. to 11 p.m. daily.

**FOR FURTHER INFORMATION**: **1-800-MEDICARE**  

For providers: You can participate in a Medicare conference call every Tuesday at 1 p.m. CST. The phone number is 1-800-619-2457 and the pass code is RBDMR.
Varenicline, a pill marketed by Pfizer under the brand name “Chantix,” is a new quit-smoking medication approved for use by the FDA in May 2006. It is now available by prescription only.

**How it Works**
Varenicline acts differently than the other cessation medications. It is neither a nicotine replacement therapy nor an anti-depressant drug. Varenicline acts on nicotine receptors with two types of action: It blocks some of the rewarding effects of nicotine (acts as an antagonist) and at the same time stimulates the receptors in a way that reduces withdrawal (acts as an agonist).

Varenicline offers another option for smokers and those who treat them. However, it is not a “magic pill” and should be used in conjunction with traditional methods of quitting—planning, setting a quit date and quit coaching.

**How Well it Works**
In research studies, varenicline proved to be more effective than placebo or bupropion. Abstinence rates at the end of treatment were: 18% for placebo, 30% for bupropion and 44% for varenicline. These trials included counseling for all participants.

**Side Effects and Contraindications**
In all research studies, varenicline was well tolerated, with overall discontinuation rates similar to placebo. The most common side effects included nausea, headache, trouble sleeping and abnormal dreams. The most common side effect—nausea—can be significantly reduced if the medication is taken with food and water.

Use with caution and consider dose reduction in patients:
⇒ With significant renal impairment.
⇒ Undergoing dialysis.

**Dosage and Cost**
Start varenicline one week before the quit date for maximum effectiveness. Recommended treatment is 12 weeks:

⇒ Days 1-3: ...............1 pill (0.5 mg) per day;
⇒ Days 4-7: ...............1 pill (0.5 mg) twice a day (a.m. and p.m.)
⇒ Day 8 to the end: ......1 pill (1 mg) twice a day (a.m. and p.m.)

*For best results, quit smoking on Day 8*

An additional course of 12 weeks for maintenance can be considered. Pfizer pre-packages Chantix so the pills are laid out day-by-day, in a “Starting Month” package (four weeks) and “Continuing Month” packages thereafter.

Cost varies, but it is approximately $120 per month ($4 per day). Varenicline is covered by many health care plans.