

IN Brief Information for Pharmacists

Wisconsin Medicaid and Tobacco Dependence Treatment



Changes in Medicaid, BadgerCare, and SeniorCare have made it easier to treat patients who use tobacco. Medicaid now covers all FDA-medications and “legend nicotine patches.”

Did You Know?

- Patients **do not** need to be enrolled in a tobacco cessation counseling program to receive medication. This means that the physician does not need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco cessation medications are allowed.

Covered Medications

Medicaid, BadgerCare and SeniorCare cover all 7 FDA-approved tobacco-cessation medications:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—patch, gum, lozenge, inhaler, & nasal spray
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine-replacement therapy, for example.
- To be covered, all medications (including over-the-counter) require a prescription.
- Enrollment in a smoking-cessation counseling program is not required.



Of Special Note

- Medications for tobacco dependence treatment are diagnosis-restricted.
- An appropriate diagnostic code – for example, the **ICD-10 code (F17.200) Tobacco Use Disorder** – must be on the claim submitted to the Wisconsin Medicaid program.
- If the medication is prescribed for reasons unrelated to tobacco use, the pharmacist must comply with prior authorization guidelines from the Wisconsin Medicaid program.

Did You Know?

- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line (1-800-QUIT-NOW or 1-800-784-8669) provides free, individualized counseling for patients before, during and after the quit date. It's available 24/7.

Questions? Contact: www.dhs.wisconsin.gov/forwardhealth or call 800-947-9627 (Provider Services)

See www.ctri.wisc.edu for more information about helping smokers quit.

Updated by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health, July 2018

Medicaid and Tobacco Cessation

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 documents the response in the electronic chart or the patient's 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 documented 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 clinician 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 lozenge, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline).

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.

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. This telephone-based counseling is free and individualized. The Quit Line is an excellent "treatment extender" to what you provide in your office.



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.

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