



WHAT KIND OF TOBACCO CESSATION MIGHT MEDICARE, MEDICAID, AND PRIVATE HEALTH INSURORS COVER?

The term “tobacco cessation” can refer to a wide range of initiatives that help to reduce smoking among current smokers. In the context of direct health care and the possible coverage of tobacco cessation by Medicare, Medicaid, or private health insurance, however, the term refers to the different kinds of treatment and assistance that can be provided by health practitioners directly to specific smokers and other tobacco users to help them quit, or cease, their tobacco use. While federal and state policymakers consider various proposals to provide or increase tobacco cessation coverage through Medicare, Medicaid, or private health insurers, it is helpful to understand the full range of different kinds of healthcare cessation assistance that might possibly be covered.

The information about cessation presented here is based on the recommendations contained in the June 2000 publication of the U.S. Public Health Service (PHS), *Treating Tobacco Use and Dependence: Clinical Practice Guideline*.¹ These Guidelines recommend that both counseling and drug treatment be made available to all users of tobacco products to improve their chances of success (e.g., long-term abstinence). While quitting tobacco use is a difficult process that requires persistence, the Guidelines conclude that tobacco users can greatly increase their chances of ultimately succeeding if they and their health care professionals apply the cessation measures that have been proven most effective.*

Tobacco-Cessation Counseling and Behavioral Treatment

The PHS Guidelines confirm that the more frequently a tobacco user talks to and interacts with his or her doctor, dentist, pharmacist, nurse, psychologist (or other health care professional involved his/her quit attempt), the greater the chances of successfully quitting and remaining abstinent. Some of the counseling techniques recommended in the Guidelines include: problem solving and skills training; teaching individuals how to seek out and receive support from friends, family, co-workers and others outside the doctor’s office; and, individual, group or telephone counseling that is pro-active and helps individuals achieve and sustain abstinence.

Tobacco-Cessation Drug Treatment (pharmacotherapy)

In addition to counseling, the PHS Guidelines strongly recommend the use of supplementary drug treatment (where clinically appropriate) to increase the likelihood of successful quit attempts. The recommended drugs break down into two main categories – those that are nicotine-based (nicotine replacement therapies) and those that treat other symptoms experienced by those attempting to quit (e.g., depression). In addition, the Guidelines divide its recommended cessation drugs into those the PHS found most effective, with minimal side

* The ultimate goal of cessation assistance is to help addicted users eliminate their dependence on tobacco products and completely stop their tobacco use, but the addictive power of nicotine frequently results in relapse. As the PHS Guidelines point out, tobacco users who attempt to quit typically require multiple attempts before achieving long-term abstinence. With effective cessation assistance, however, smokers can increase their chances of quitting for good during their next attempt. Moreover, with effective cessation assistance, those who relapse can prolong their time being tobacco-free and can more constructively handle their relapse, more quickly begin trying to quit again, and will quit for good sooner than those without access to cessation assistance.

effects (First Line of Recommended Drugs), and those they recommend even though they have more potent side effects and have not yet been certified by the U.S. Food and Drug Administration (FDA) for cessation purposes (Second Line of Recommended Drugs). The Guidelines also identify those drugs the PHS does not recommend for cessation purposes.

The PHS Guidelines' First Line of Recommended Drugs:

- ***Nicotine Gum (e.g., Nicorette, Nicorette Mint, Nicorette Orange)***² -- Nicotine gum has an established record of clinical efficacy and increases long-term abstinence rates (compared to a placebo with no drug treatment) by 30 to 80 percent. It is available only as an over-the-counter product.
- ***Nicotine Patch (e.g., Nicoderm CQ, Nicotrol, Habitrol)*** – The nicotine patch has an established record of clinical efficacy and approximately doubles long-term abstinence rates (over placebo – no drug treatment). It is available both over-the-counter and as a prescription medication.
- ***Nicotine Inhaler (e.g., Nicotrol Inhaler)*** – The nicotine inhaler has an established record of clinical efficacy and more than doubles long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.
- ***Nicotine Nasal Spray (e.g., Nicotrol NS)*** – Nicotine nasal spray has an established record of clinical efficacy and more than doubles long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.
- ***Bupropion SR (e.g., Zyban)*** – Bupropion SR has an established record of clinical efficacy and approximately doubles long-term abstinence rates (over placebo – no drug treatment). This is a non-nicotine medication and is available only in prescription as either a smoking cessation product (Zyban) or an anti-depressant (Wellbutrin).

The PHS Guidelines' Second Line of Recommended Drugs:

- ***Clonidine (e.g., Catapres)*** – Clonidine is normally used as an anti-hypertensive medication. It has an established record of clinical efficacy as a smoking cessation drug and approximately doubles long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.
- ***Nortriptyline (generic)*** – Nortriptyline is normally used as an anti-depressant medication. It has an established record of clinical efficacy as a smoking cessation drug and approximately triples long-term abstinence rates (over placebo – no drug treatment). It is available only as a prescription medication.

Drugs Not Recommended by the PHS Guidelines

- ***Antidepressants other than bupropion SR and Nortriptyline*** – There are very little data on other anti-depressants and their effectiveness as smoking cessation products. As a result, other than bupropion SR and Nortriptyline, no other anti-depressants are recommended.

- **Anxiolytics/Benzodizepines/Beta-Blockers** – Only a few trials of propranolol (beta blocker) and diazepam (anxiolytic) have been conducted and the data is too scarce to result in any recommendations.
- **Silver Acetate** – The studies that were available on the use of silver acetate as a cessation product demonstrated no beneficial effect and therefore silver acetate is not recommended for use as a cessation treatment.
- **Mecamylamine** – The studies that were available on the use of mecamylamine as a cessation product had no or minimal beneficial effect and therefore mecamylamine is not recommended for use as a cessation treatment.

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Related Campaign Fact Sheets (available at www.tobaccofreekids.org)

- *Key Tobacco-Cessation Findings and Recommendations From the U.S. Public Health Service and U.S. Preventive Services Task Force*
- *Treating Tobacco Addiction and Otherwise Helping Smokers to Quit Reduces Tobacco Use*
- *Table: State Cessation-Related Statistics & Potential Savings*
- *Medicare and Medicaid Costs & Savings From Covering Tobacco Cessation (Based on S. 854 & H.R. 3676)*
- *Summary of the Durbin-Brownback Tobacco Cessation Bill (S. 854)*

Additional Related Information

General Information on Cessation:

- American Lung Association, *Quitting Smoking*: http://www.lungusa.org/tobacco/quitting_smoke.html

Quitting Assistance:

- American Cancer Society, *Quitting Tips*: http://www.cancer.org/eprise/main/docroot/PED/ped_10_3?sitearea=PED
- American Heart Association, *Smoking Cessation*: http://www.americanheart.org/Heart_and_Stroke_A_Z_Guide/smokecp.html
- Massachusetts Tobacco Control Program, TryToStop.org: www.trytostop.org
- U.S. Agency for Health Research and Quality: <http://www.ahrq.gov/consumer/helpsmok.htm>
- U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/tobacco/how2quit.htm>

Guidance for Health Professionals:

- Professional Assisted Cessation Therapy, *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioners Guide*: <http://www.endsmoking.org/resources/reimbursementguide/pdf/reimbursementguide.pdf>
- U.S. Surgeon General: <http://www.surgeongeneral.gov/tobacco>

Information on Nicotine Addiction:

- U.S. National Institute on Drug Abuse: <http://165.112.78.61/DrugPages/Nicotine.html>

¹ Fiore MC, et al., *Treating Tobacco Use and Dependence*, U.S. Public Health Service Clinical Practice Guideline, June 2000.

² The product and brand names listed in this fact sheet are NOT product endorsements, just statements of fact about products available to consumers. Many of these drugs are available in generic form, as well.