



## Tobacco Cessation

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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### Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

Tobacco cessation programs improve the probability of discontinuing tobacco use. The most successful tobacco cessation programs combine multiple strategies, including guidance from a counselor. The counselor helps users recognize and cope with issues that arise during the cessation process. Additionally, the use of nicotine replacement products (e.g., nicotine gum or patches) and non-nicotine medications (e.g., Bupropion or Varenicline) are related to successful tobacco cessation.

### Criteria

#### Commercial

As of 1/1/2025, PacificSource will no longer be managing the Quit for Life® program. Members may seek to participate at no cost to themselves in the Quit for Life® Program on their own accord by calling 866-784-8454 or by enrolling [online](#).

#### 1. Tobacco Cessation or Replacement Medication Benefit

The following tobacco cessation or replacement medications will be covered at \$0 copay for PacificSource members with commercial pharmacy coverage. Medications require a prescription and must be filled at a contracted pharmacy for full benefit. Examples of medications include bupropion

extended release(generic Zyban), varenicline (generic Chantix), Nicotrol inhaler/nasal spray; nicotine gum, lozenges, and patches.

Quantity limitations are posted on the PacificSource website under Drug Lists:

<https://www.pacificsource.com/drug-list/>

<b>Drug Name</b>	<b>Commercial Coverage</b>
Bupropion HCl ER tablet 12 hr. 150 mg	Tier 0, QL #168/365, limitations may apply
varenicline <ul style="list-style-type: none"> <li>• varenicline Starter pak</li> <li>• varenicline 0.5mg tablet</li> <li>• varenicline 1 mg tablet</li> </ul>	Tier 0, QL #168/365
Nicotine PATCH ( OTC)	Tier 0, QL #168/365, limitations may apply
Nicotine LOZENGE	Tier 0, QL #168/365, limitations may apply
Nicotine GUM	Tier 0, QL #168/365, limitations may apply
NICOTROL nasal spray	Tier 0, QL #168/365, limitations may apply
NICOTROL inhaler	Tier 0, QL #168/365, limitations may apply

## Medicaid

PacificSource Community Solutions (PCS) follows the appropriate guideline notes indicated in the OHP Prioritized List of Health Services for coverage of Tobacco Cessation.

All benefits are intended to support a minimum of two (2) quit attempts per year.

### 1. Telephone Tobacco Cessation Assistance

Telephonic tobacco cessation assistance to Medicaid members is provided by **Quit For Life® Program**, (866) 784-8454.

**Note:** Members contacting PCS Customer Service for tobacco cessation assistance will be referred to the Quit for Life Program. Members are educated about Quit for Life in the Member Handbook, in Member Newsletters and in the New Member Packets.

### 2. Other Tobacco Cessation Assistance

- a. Individual counseling with primary care provider
- b. Individual counseling with other health professional
- c. Group counseling with primary care provider
- d. Group counseling with other health professional
- e. Group counseling with specific curriculum
- f. Acupuncture with prior authorization

**Note:** Benefits are based on plan limits, regulatory coverage limitations and/or evidence-based clinical literature and are intended to support a minimum of two quit attempts per year.

### 3. Tobacco Cessation or Replacement Medication Benefit

Medications used to support tobacco cessation or replacement are covered, subject to the PCS formulary (list of covered medications) which can be found at:

<https://communitysolutions.pacificsource.com/Search/Drug>

<b>Drug Name</b>	<b>Medicaid Coverage</b>
Bupropion HCl ER tablet 12 hr. 150 mg	Tier 1

varenicline <ul style="list-style-type: none"> <li>varenicline Starter pak</li> <li>varenicline 0.5mg tablet</li> <li>varenicline 1 mg tablet</li> <li>APO-Varenicline 0.5 mg tablet</li> <li>APO-Varenicline 1 mg tablet</li> </ul>	Tier 1, QL #336/365
Nicotine PATCH ( OTC)	Tier 1, QL #180/365
Nicotine LOZENGE	Tier 1, QL #3600/365
Nicotine GUM	Tier 1, QL #4320/365
NICOTROL nasal spray	Tier 2, ST, QL #720/365
NICOTROL inhaler	Tier 2, ST, QL #5760/365

#### 4. Member Education

Member education about tobacco cessation assistance is provided in the Member Handbook, on the PCS website, and in Member Newsletters.

#### 5. Provider Education

Provider education about tobacco cessation assistance is addressed in Provider Newsletters, on the PCS Provider website, and in the Provider Manual.

### Medicare

PacificSource Medicare follows National Coverage Determination 210.4.1 for Counseling to Prevent Tobacco Use. Please also refer to member's Evidence of Coverage (EOC) for covered services.

#### 1. Tobacco Cessation or Replacement Medication Benefit

Medications used to support tobacco cessation or replacement are covered, subject to the PacificSource Medicare formulary (list of covered medications) which can be found at:

<https://medicare.pacificsource.com/Search/Drug>

<u>Drug Name</u>	<u>Medicare Coverage</u>
Bupropion HCI ER tablet 12 hr. 150 mg	Tier 2
NICOTROL NS SOLUTION 10MG/ML nasal	Tier 4
NICOTROL inhaler 10MG INHALATION	Tier 4
varenicline Starting Month Pak Tablet 0,5 MG X 11 & 1 MG X 42 Oral	Tier 2
varenicline TABLET 0.5 MG Oral	Tier 2, QL #60/30
varenicline TABLET 1 MG Oral	Tier 2, QL #60/30
Nicotine PATCH	Not covered
Nicotine LOZENGE	Not covered
Nicotine GUM	Not covered

Over-the counter (OTC) medications are excluded from Medicare Part D coverage.

### Related Policies

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Transcranial Magnetic Stimulation

## References

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## Appendix

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**Policy Number:**

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**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** 42 CFR 410.64, NCD 210.4.1, OARs: 410-130-0190 and 410-141-3820, 410-141-3825, 410-120-1200, 410-151-0001, 410-151-0002.

**Commercial OPs:** 3/2025

**Government OPs:** 3/2025