Tobacco dependence should be treated as a chronic disease. Even without providing medications, a brief interactive counseling intervention can double quit rates among tobacco users who want to quit.

For cessation counseling reimbursement, the pharmacist must:

1. Receive an order from a prescriber for tobacco cessation medication; and
2. Receive an order from a prescriber for tobacco cessation counseling; and
3. Have documentation (at the pharmacy) of having participated in a continuing education presentation on tobacco cessation; and
4. Provide the counseling in person, at the time that medication is being dispensed; and
5. Counsel for at least three minutes and up to 10 minutes; and
6. Keep readily retrievable notes. At a minimum, document the recipient’s name, date of birth, date of counseling, and details of the counseling in a SOAP (Subjective, Objective, Assessment, and Plan) note format.

Treatment Coverage

1. Prior authorization is no longer required
2. Maximum quantity limit set for tobacco cessation medications for no more than a 6 month time period:
   - Nicotine Gum: 2,079 units / 6 months
   - Nicotine Lozenges: 2,520 units / 6 months
   - Nicotine Patches: 180 patches / 6 months
   - Chantix: 360 tablets / 6 months
   *Accommodates maximum daily utilization of a product for 3 months followed by a tapering period of no more than 3 months.

Bill Alaska Medicaid by Point Of Sale (POS) for Tobacco Cessation Counseling services as a part of tobacco cessation medication dispensing no more than once monthly:

<table>
<thead>
<tr>
<th>Field Description</th>
<th>NCPDP Field</th>
<th>NCPDP Code (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentive amount submitted</td>
<td>438-E3</td>
<td>$16 (maximum allowed) <a href="http://manuals.medicaidalaska.com/pharmacy/pharmacy.htm">http://manuals.medicaidalaska.com/pharmacy/pharmacy.htm</a> (search for tobacco)</td>
</tr>
<tr>
<td>Gross amount due</td>
<td>430-DU</td>
<td>Be sure to add the “incentive amount submitted” to the sum of all charges in order to receive payment</td>
</tr>
</tbody>
</table>
Tobacco treatment is the most effective clinical intervention available today to reduce illness, prevent death, and increase quality of life.

Did you know?

Chances of quitting successfully are four times higher with medication and counseling.

Nationally, the Medicaid population smokes at a higher rate (34.8%) than the general adult population (20.8%) (National Health Interview Survey 2006).

Alaska Medicaid recipients often do not know about treatments available to them.

Alaska’s Tobacco Quit Line, 1-800-QUIT-NOW (784-8669), provides free individualized counseling and NRT for all Alaskans before, during, and after the quit date.

Some Key Counseling Tips

- Set a quit date (total abstinence within next 2-4 weeks)
- Review past quitting experience
- Anticipate challenges to upcoming quit attempt
- Set clear boundaries if there are other smokers in the household
- Limit or abstain from alcohol while quitting

For More Information

Online Pharmacist Tobacco Training
http://www.akcache.org
(search for Smoking Cessation 101)

For a free online brief tobacco intervention training, visit www.akbriefintervention.org

Tobacco Cessation Therapy Guidelines for Pharmacists
http://manuals.medicaidalaska.com/pharmacy/pharmacy.htm
(search for tobacco)

Prior Authorization
http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx

Magellan Clinical Call Center
(800) 331-4475 — The call center can assist providers with claims processing issues and is staffed 24 h x 7 days a week.