

## Comprehensive Cessation Benefits

Grantee In-Person Training  
June 9, 2015



## What is a comprehensive cessation benefit?



Oregon  
**Health**  
Authority

Think, pair, share

## Affordable Care Act

1. Screening for tobacco use
2. At least two tobacco cessation attempts per year



---

Oregon  
**Health**  
Authority

## Affordable Care Act

- Four tobacco counseling sessions of at least 10 minutes each (including telephone, group and/or individual counseling)
- All medications approved by the FDA as safe and effective for smoking cessation (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider
- Plans should not require prior authorization to access these benefits.
- Cessation benefits shall be provided at no cost to the patient. No copays, coinsurance or deductibles should be charged.



Mention CCO Incentive Measures and the HERC

Define what these are

## Challenges or Concerns?



Oregon  
**Health**  
Authority

How have you work on improving cessation benefits? What setting? Challenges or successes to report?

## **Pregnant Women**

*Counseling, motivational interventions and patient education are recommended as first-line therapy for smoking cessation. If the patient fails to stop smoking, medication should be considered as an option after the patient has an informed discussion with their provider of the benefits and risks of therapy.*



Pregnancy Program - Alere

## Pregnant Women

Cessation medications that are contraindicated in pregnant women:



### **FDA pregnancy Class C agent.**

- » Bupropion
- » Varenicline

### **FDA pregnancy Class D agent.**

- » Nicotine Gum
- » Nicotine Inhaler
- » Nicotine Nasal Spray
- » Nicotine Patch

Oregon  
**Health**  
Authority

All cessation medications are contraindicated in pregnant women, except nicotine lozenges which have not been evaluated by the FDA .

### Category C

Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

### Category D

There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

Safety is not categorical. A designation of “safe” reflects a conclusion that a drug’s benefits outweigh its risks. Nicotine most likely does have adverse effects on the fetus during pregnancy. Although the use of NRT exposes pregnant women to nicotine, smoking exposes them to nicotine plus numerous other chemicals that are

injurious to the woman and fetus. These concerns must be considered in the context of inconclusive evidence that cessation medications boost abstinence rates in pregnant smokers.

The *Clinical Practice Guideline* recommends future research on the safety and effectiveness of tobacco dependence medications (bupropion SR, NRTs, and varenicline) during pregnancy for the woman and the fetus, including: the relative risks and benefits of medication use as a function of dependence, and the appropriate formulation and timing of medication use.



