

“Pharmacists Prescribing for Tobacco Cessation Medications”

on Wednesday, January 19, 2022 at 1:00 pm EST (75 minutes)

Speakers:

- **Karen S. Hudmon, DrPH, MS, RPh, CTTS** - Professor of Pharmacy Practice at the Purdue University College of Pharmacy and Clinical Professor at the University of California San Francisco School of Pharmacy
 - **Rebecca Brookes** – Upstream Social Marketing
 - **Rhonda Williams, MES** - Director of the Vermont Department of Health’s Tobacco Control Program
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I. Reimbursement and Insurance

Q: Are you able to access funding to reimburse the student/volunteer smoking cessation facilitators that use approved programs to work with smokers?

A: In Vermont we do not. However, a tobacco treatment specialist that has a minimum of hours of training from an [ATTUD](#) program can perform cessation under a physician’s license and be reimbursed I am not sure if the same applies for operating under a pharmacist’s license. I can check if that is of interest. – Rhonda Williams (RW)

A: We are not aware of specific funding to support these efforts. - Karen Hudmon (KH)

Q: VT and IN - Did you have to show the increase of cost in services by adding pharmacists as providers that could be reimbursed by Medicaid?

A: Yes, that justification was part of the PBR. -Rebecca Brookes

A: For Vermont, yes, we did a budget estimate which as Rebecca mentioned was included in the PBR. –RW

Q: I am a TTS and cannot check insurance coverage. Can a Pharmacist check insurance coverage before they prescribe smoking cessation medication?

A: In Vermont we have heard that yes, pharmacists can check for insurance coverage and play the role of calling providers to update on which medications are covered. –RW

A: Yes, they can through their software systems. -KH

Q: Does insurance cover NRT when Pharmacists prescribe it or does it have to be the doctor?

A: In Vermont, insurance will cover NRT when either pharmacists or doctors prescribe it. –RW

A: If there is independent prescribing or a standing order, then yes it would be covered IF it is a covered medication under the patient's medical plan. If it is not, then it wouldn't matter who prescribed it (i.e., pharmacists, physician, NP, PA) – it would not be covered. - KH

II. Process or Policy

Q: What pushback did you receive? From what groups/organizations?

A: The only organizations from which I have personally witnessed pushback was medical associations. This did not occur in all states, but it most certainly was more common in states that were attempting to include varenicline and bupropion SR in their prescriptive authorities. See comments above re: medical associations.

We also have incurred pushback from third party payers with respect to legislation to enable pharmacists to be paid for these cognitive services. Note: Medicaid has been largely supportive of pharmacists being reimbursed (although payment rates are low). -KH

Q: At the VAMC [Florida] we need to follow up with patients 2 weeks after the initiation of varenicline. Locally we have been asked to limit its use due to price increase. Have you seen the same in your area?

A: In Vermont we have not heard of any changes to varenicline use among Medicaid. I will check with BCBS-VT, however. –RW

A: I am unaware of this happening in my area, but I do know that MD Anderson Cancer Center used to provide all cessation medications at no cost – but they quit providing varenicline because it was simply too costly. We now have generic varenicline, but the pricing is just a few dollars a day less than Chantix (ie about \$13/day vs \$17/day at the current time). Data from the Cochrane reviews tell us that varenicline and combination NRT (eg patch + a short-acting formulation of NRT) are comparable, with the latter being substantially less expensive. Don't hesitate to go that route if it works for your patient! - KH

Q: How did you address any scope of practice issues with the state medical society?

A: We did this several ways. We kept the Health Commissioner and Medical Director of Medicaid apprised of the draft protocol so they could weigh in, and be informed to talk with our medical society reps. I reached out to my contact at VMS to offer to meet. They reached out regarding medications, and we had a discussion. The VMS also met with our Health Commissioner. In addition to the medication issue was concern about providers not being contacted by pharmacists, and we reaffirmed that this was a key component in the protocol and in our program's outreach and training. As I mentioned during the webinar, a key factor was having the pharmacotherapy expertise offered by Karen Hudmon and Robin Corelli. –RW

A: This varies by state – in Indiana, with respect to the standing order, initial discussions with the state medical societies were coordinated entirely through the State Department of Health (which was highly supportive). In some states, the medical associations opposed at the legislative level (e.g., for Indiana), and in other states, it occurred at the protocol development level (e.g., for Vermont). For the most part, medical associations seemed to be OK with permitting pharmacists to prescribe the prescription formulations of NRT (e.g., nicotine nasal spray, nicotine inhaler), but were not comfortable with adding bupropion SR or varenicline.

In Indiana, we worked WITH the state medical association to come to agreement on the elements and language of the standing order that promoted (a) patient access to treatment, (b) outcomes (i.e., we included all 7 FDA-approved medications for cessation), and (c) patient safety. We included the required 14-day follow-up appointment to build in an additional “safety-net” for patients in the early phase of their quit attempt.

In the tobacco cessation space, pharmacists serve as an extension of physicians, who have good intentions but little time to help patients with quitting. We are hopeful that physicians will become the biggest advocates of pharmacists’ prescribing for cessation services and will begin to refer their patients to local pharmacies. -KH

Q: Is there a standard protocol for pharmacists to coordinate with the patient's PCP? Is notification compliance monitored by the Dept. of Health?

A: In Vermont we are requiring notification within 5 days but do not state how that needs to be communicated. What I was hearing is that there is flexibility depending on the access the pharmacist has to the electronic health record (which would be ideal). –RW

A: The state protocols include statements regarding the need to notify patients’ PCPs (and the timeline for doing so) – however, if the patient does not have a PCP, most protocols do not limit pharmacists from helping these patients quit smoking. To my knowledge, this is not monitored by the Department of Health. Also, I am unaware of any reports of noncompliance. Any “incidents” would be reportable to the State Board of Pharmacy. -KH

Q: What criteria are used to determine whether or not an individual with an underlying mental health condition is stable?

A: This is based on clinical judgment; there are no specific criteria designated. We train pharmacists to have a low threshold for reaching out to patients’ PCPs, psychiatrists, OB GYNs, etc. when there is any known or perceived/suspected risk. -KH

Q: To all: I am an RDH and a Mayo Certified TTS that has been working independently in Ohio for 8 years. How can I connect with pharmacists in my area to support them and patients?

A: I would suggest that you contact local pharmacies directly to see if they are able to provide assistance to your patients through referrals. Note that Ohio pharmacists don’t (yet) have prescriptive authorities for cessation medications. If you have specific pharmacies that are interested, but not yet trained, please have them contact me (khudmon@purdue.edu) and we would be happy to get them trained. Independently-owned pharmacies might be your best bet to approach first! – KH

Q: I'm in the Indianapolis, IN area. We are working on starting a Tobacco Cessation Clinic at our hospital, Hendricks Regional Health. Would Karen have any further information to help our Pharmacists obtain the appropriate training to be able to prescribe?

A: Absolutely! Contact me directly, at khudmon@purdue.edu. This also goes for anyone else who is in need of training that meets state requirements. -KH