

Health Effects of Cigarette Smoking and Tobacco

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According to the 2020 report *Smoking Cessation: A Report of the Surgeon General*, smoking kills nearly half a million Americans every year, and millions more live with serious chronic diseases caused by smoking. Tobacco smoking is the leading cause of preventable disease, disability, and death in the United States. Smoking harms nearly every organ in the body and costs the United States billions of dollars in direct medical costs each year. The financial toll of smoking is substantial. Each year in the United States, annual healthcare spending attributed to smoking exceeds \$170 billion.

Approximately 34 million American adults currently smoke cigarettes, with most of them smoking daily. Nearly all adult smokers have been smoking since adolescence. More than two-thirds of smokers say they want to quit, and every day thousands try to quit. But because the nicotine in cigarettes is highly addictive, it takes most smokers multiple attempts to quit for good.

Reference

U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. Retrieved from https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html#full-report

Some CDC Fast Facts about Smoking and Tobacco

- Smoking is the leading cause of preventable death.
- In 2018, 13.7% of all adults (34.2 million people) currently smoked cigarettes: 15.6% of men, 12.0% of women.
- Thousands of young people start smoking cigarettes every day.
- Many adult cigarette smokers want to quit smoking.

Reference

Centers for Disease Control and Prevention (CDC) (2020). *Smoking and Tobacco Fast Facts*. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001#featured-fact-sheets

Electronic Cigarettes

E-cigarettes are sometimes called “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” and “electronic nicotine delivery systems (ENDS).” Some e-cigarettes look like regular cigarettes, cigars, or pipes. Some look like USB flash drives, pens, and other everyday items.

What’s the bottom line?

- E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.
- E-cigarettes are not safe for youth, young adults, and pregnant women, as well as adults who do not currently use tobacco products.

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- While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.
- Additional research can help understand long-term health effects

Reference:

Centers for Disease Control and Prevention (CDC) (2020). Health Effects of Smoking and Tobacco. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

Smoking Cessation Can Reduce Risks

Smoking cessation:

- Is beneficial at any age
- Results in improved health status and enhanced quality of life
- Reduces the risk of premature death
- Can add as much as a decade to life expectancy
- Reduces risk for many adverse health effects, including:
 - reproductive health outcomes
 - cardiovascular diseases
 - chronic obstructive pulmonary disease
 - cancer
- Is beneficial to those who have been diagnosed with heart disease and chronic obstructive pulmonary disease.

Smoking cessation medications approved by the U.S. Food and Drug Administration (FDA) and behavioral counseling are cost-effective cessation strategies. These methods increase the likelihood of successfully quitting smoking, particularly when used in combination. Using combinations of nicotine replacement therapies (NRT) can further increase the likelihood of quitting.

Reference

Centers for Disease Control and Prevention (CDC) (2020). Smoking Cessation: A Report of the Surgeon General. Retrieved from https://www.cdc.gov/tobacco/data_statistics/sg/2020-smoking-cessation/index.html#full-report

Some Treatment Strategies

Current evidence-based treatment approaches to smoking cessation include behavioral treatments and FDA-approved pharmacotherapies. To date, seven FDA-approved, first-line medications have been found to be safe and effective for treating nicotine dependence. There are some contraindications for use (e.g., recent myocardial infarction for most NRT formulations, seizure disorder for bupropion), as well as insufficient evidence of effectiveness and, in some cases, safety in certain populations (e.g., pregnant women, light smokers, adolescents, and smokeless tobacco users). Some smoking cessation products include:

- Nicotine Patch
 - Dosage
 - > 10 cigarettes/day: 21 mg/day for 4-6 weeks; 14mg/day for 2 weeks; 7mg/day for 2 weeks;
 - ≤ 10 cigarettes/day: 14mg/day for 6 weeks, 7mg/day for 2 weeks
 - Duration – 8-10 weeks
- Nicotine Gum
 - Dosage
 - 1st cigarette ≤30 minutes after waking: 4 mg
 - 1st cigarette >30 minutes after waking: 2 mg
 - Weeks 1–6: 1 piece every 1–2 hours
 - Weeks 7–9: 1 piece every 2–4 hours
 - Weeks 10–12: 1 piece every 4–8 hours
 - Maximum 24 pieces/day

- o Duration - up to 12 weeks
- Nicotine Lozenge
 - o Dosage
 - 1st cigarette \leq 30 minutes after waking: 4 mg
 - 1st cigarette $>$ 30 minutes after waking: 2 mg
 - Weeks 1–6: 1 lozenge every 1–2 hours
 - Weeks 7–9: 1 lozenge every 2–4 hours
 - Weeks 10–12: 1 lozenge every 4–8 hours
 - Maximum 20 lozenges/day
 - o Duration - up to 12 weeks
- Varenicline
 - o Dosage
 - Days 1–3: 0.5 mg by mouth every morning
 - Days 4–7: 0.5 mg by mouth twice daily
 - Weeks 2–12: 1 mg by mouth twice daily
 - Begin therapy 1 week prior to quit date
 - o Duration- 12 weeks; an additional 12-week course may be used in selected patients
 - o May initiate up to 35 days before target quit date
 - o May reduce smoking over a 12-week period of treatment prior to quitting and continue treatment for an additional 12 weeks
- Bupropion SR
 - o Dosage
 - 150 mg by mouth every morning for 3 days, then 150 mg by mouth twice daily
 - Do not exceed 300 mg/day
 - Begin therapy 1–2 weeks prior to quit date
 - o Duration- Duration: 7–12 weeks, with maintenance up to 6 months in selected patients

Additional information for these medications (in non-pregnant and pregnant individuals) can be found in the individual prescribing information of the products.

Reference:

Centers for Disease Control and Prevention (CDC) (2020). Smoking Cessation: A Report of the Surgeon General. Retrieved from https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html#full-report



New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with DXC will need to complete a [temporary emergency application](#) with Medicaid's fiscal intermediary, DXC, to be paid for testing and testing related services for the uninsured. Providers will

be required to self-attest on the uninsured individual’s application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid’s provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

August 28, 2020

Prior Authorization Emergency Override Procedure

Prior Authorization Emergency Override Procedure Due to Hurricane Laura’s impact in North Louisiana, the University of Louisiana at Monroe (ULM) Prior Authorization Unit has lost power. Therefore, prior authorization facsimiles are not going through during this time. For Medicaid Fee-For-Service (FFS) only, pharmacists may use their professional judgment and utilize emergency overrides from Friday, August 28 through midnight Monday, August 31. If emergency overrides are used, please document “Hurricane Laura” on the script with the date for audit purposes. Prescribers should still contact ULM Prior Authorization Unit through the phone system whenever possible at **1-866-730-4357**.

See appropriate National Council for Prescription Drug Programs (NCPDP) codes below:

Prescription claim reject with NCPDP Reject Code 75: Prior Authorization Required

NCPDP Segment Name	NCPDP Field Number	NCPDP Field Name	Value
Claim Segment	418-DI	Level of Service	3
Claim Segment	442-E7	Quantity Dispensed	Varies*

*Dispense quantity sufficient for at least a 3-day supply or enter correct quantity and days’ supply if dispensing full prescription.

*Pharmacy POS Help Desk: 1-800-648-0790.

Influenza Vaccines

Influenza vaccines will be covered by Medicaid Fee-For-Service (FFS) and Managed Care Organizations (MCOs) starting Tuesday, September 15, 2020 as a pharmacy benefit for those recipients 19 years of age and older. Please contact us if you have any problems processing claims at 1-800-437-9101.



Reminder: NCPDP Field 460-ET Quantity Prescribed

A final rule from the U.S. Department of Health and Human Services requires the NCPDP Quantity Prescribed (460-ET) field to be reported for all Schedule II drugs on pharmacy claims by September 21, 2020. Providers should consult their software companies to assure capture or recognition of this field on all Schedule II drug claims, as it will be a mandatory field.



Open Enrollment

Open Enrollment for Healthy Louisiana begins October 15, 2020 and runs through November 30, 2020. During Open Enrollment, people enrolled in Medicaid’s managed care program, known as Healthy Louisiana, have the opportunity to choose a new health plan. In addition to choosing a health plan, Medicaid members will be able to choose a dental plan for the first time. Previously, all Medicaid members received dental coverage through one dental plan. There are five health plans and two dental plans to choose from. Those are:

Health Plans	Dental Plans
Aetna Better Health	MCNA
Amerihealth Caritas of Louisiana	DentaQuest
Healthy Blue	
Louisiana Healthcare Connections	
United Healthcare	

Open Enrollment is the only time Healthy Louisiana enrollees can change health plans without a qualifying reason, outside of their initial enrollment period.

For more information visit <http://www.myplan.healthy.la.gov> or call the Healthy Louisiana Enrollment Center at 1-855- 229-6848.

Enrollment changes made during this time will go into effect on January 1, 2021.

Pharmacy/Physician Lock-In

FFS and MCOs have always had pharmacy only lock-in programs and will continue to do so. In August 2020, FFS and MCOs have added the pharmacy/physician lock-in programs for those recipients meeting the criteria for this dual lock-in. The lock-in program is designed to help educate recipients with appropriate prescription utilization.



Remittance Advice Corner

CHANGES TO DME, HOME HEALTH, PEDIATRIC DAY HEALTH CARE, REHABILITATION AND PERSONAL CARE SERVICES DUE TO HURRICANE LAURA – AUGUST 2020

On August 20, 2020, Governor John Bel Edwards declared a state of emergency ahead of Hurricane Laura as significant impact to the state of Louisiana is expected. This policy change is effective August 25, 2020 and shall only be applicable for beneficiaries residing in parishes that have instituted mandatory evacuations.

Medicaid beneficiaries who live in one of the parishes under mandatory evacuation, and who are in need of replacement equipment or supplies previously approved by Medicaid, may contact a Medicaid-enrolled durable medical equipment (DME) provider of their choice. Medicaid-enrolled providers must make a request to DXC Technology’s Prior Authorization Unit; however, a new prescription and medical documentation are not required. The provider shall submit the required Prior Authorization Form (PA-01) along with a signed letter from the recipient, giving a current place of residence and stating that the original equipment or supplies were lost due to Hurricane Laura.

Beneficiaries who were approved to receive medical equipment, supplies, home health services, rehabilitation, pediatric day health care or personal care services from a provider in a parish with a mandatory evacuation that is no longer in business or unable to provide the approved equipment, supplies or services may obtain the approved items or services from a new provider of their choice. The provider must be enrolled in Medicaid. DXC Technology shall provide any guidance to the provider on the cancelation of the original authorization and issuance of a new authorization, if applicable.

All other prior authorization requests shall continue to be subject to the applicable requirements to establish medical necessity.

Questions concerning Healthy Louisiana managed care organization processes are to be directed to the appropriate MCO. Those questions related to Medicaid fee-for-service claims should be directed to DXC Technology Prior Authorization at (800) 442-6334 or (225) 928-5263.

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Behavioral Health Services Manual Chapter	2.3 Outpatient Services – Outpatient Services for Licensed Practitioners	08/04/20
Professional Services Professional Services Manual Chapter	5.1 – Genetic Testing	08/04/20

For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization: Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing	(225) 342-3855
Dental	1-855-702-6262 MCNA Provider Portal	Resolution Unit MMIS Claims Reimbursement	
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		MMIS Claims Reimbursement
REVS Line	1-800-776-6323 (225) 216-(REVS)7387 REVS Website	Medicare Savings	1-888-544-7996 Medicare Provider Website
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101 Medicaid Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud

