
Smoking Cessation
Leadership Center



University of California
San Francisco

Pharmacists Prescribing for Tobacco Cessation Medications

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A National Center of Excellence for Tobacco-
Free Recovery

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Disclosures

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All speakers, planning committee members and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Rebecca Brookes, Anita Browning, Christine Cheng, Brian Clark, Karen S. Hudmon, DrPH, MS, RPh, CTTS, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, Jessica Safier, MA, Catherine Saucedo, Rhonda Williams, MES, and Aria Yow, MA.

Thank you to our funders



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UCSF designates this live activity for a maximum of *1.25 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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California
Behavioral Health
& Wellness Initiative

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- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

Free 1-800 QUIT NOW cards



Take Control
1-800-QUIT-NOW
Call. It's free. It works.
1-800-784-8669
For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

Holiday Webinar Series with Free CME/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **29.75 units**.

Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/free-cmec-es-webinar-collections>

I COVID QUIT!

- Launched March 31, 2021



- SCLC's own campaign funded by Robert Wood Johnson Foundation
- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!
- FREE videos, digital images and toolkit for your use at ICOIDQUIT.org
- We continue to seek and share more stories, particularly from those who represent underserved communities! Please email anita.browning@ucsf.edu if you would like to share a story

Today's Presenter

**Karen S. Hudmon, DrPH, MS, RPh,
CTTS**

Professor of Pharmacy Practice at the
Purdue University College of Pharmacy

Clinical Professor at the University of
California San Francisco School of
Pharmacy



Today's Presenter

Rebecca Brookes

Upstream Social Marketing



Today's Presenter

Rhonda Williams, MES

Director

Vermont Department of Health's Tobacco
Control Program



Pharmacists Prescribing for Tobacco Cessation Medications

KAREN HUDMON – PURDUE UNIVERSITY COLLEGE OF PHARMACY

REBECCA BROOKES – UPSTREAM SOCIAL MARKETING

RHONDA WILLIAMS – VERMONT DEPARTMENT OF HEALTH

Learning Objectives

1. Describe the evolving role of pharmacists in prescribing medications for treating tobacco use and dependence.
2. Explain Vermont's process for enacting pharmacy prescriptive authority for NRT.
3. Identify two health systems strategies to gain cross-departmental support for policy and program innovations.
4. Describe the importance of two communication strategies used in Vermont – internal and external

Since when did
pharmacies start
asking patients
whether they smoke?



Why Pharmacies?

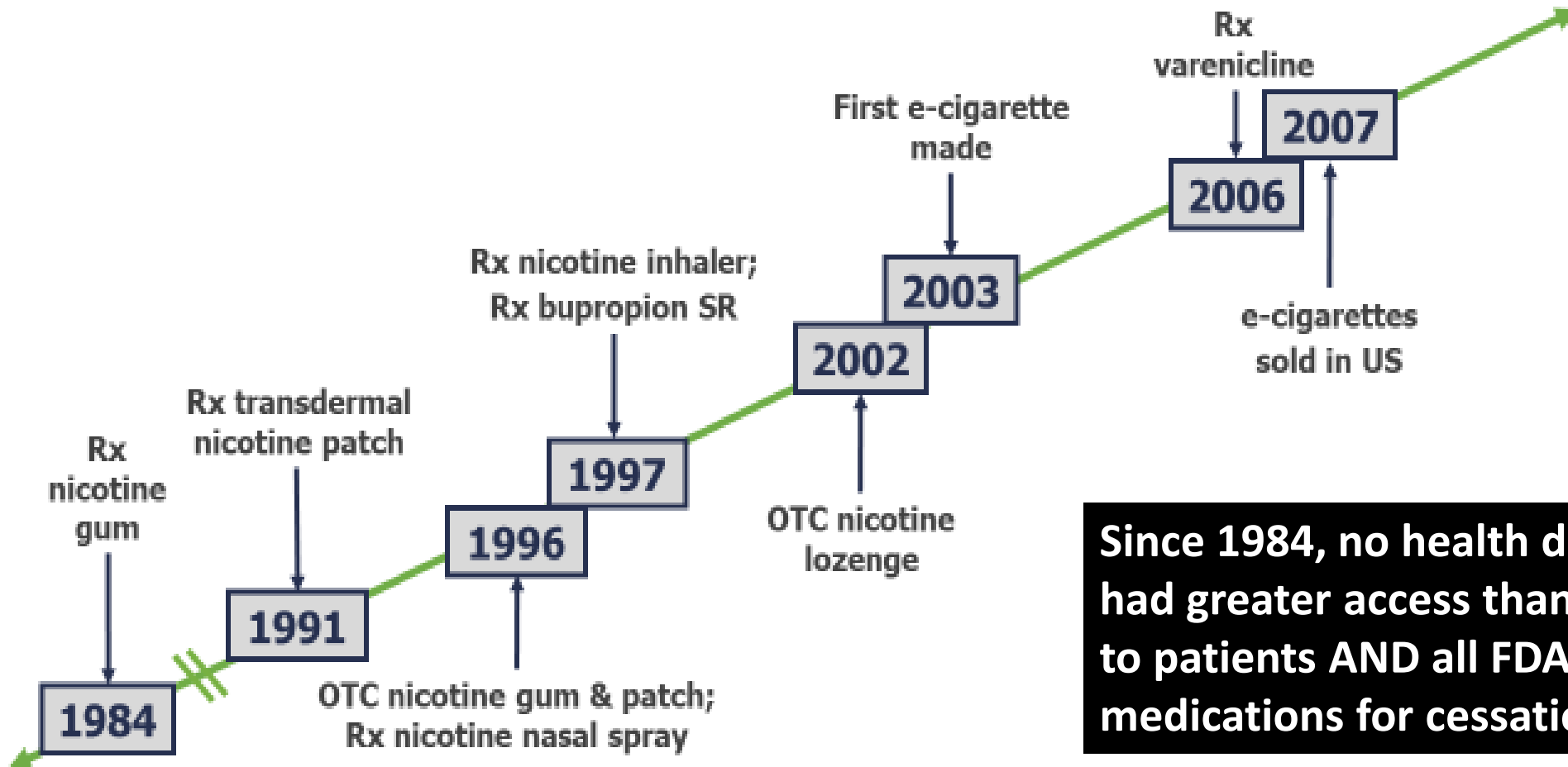
- Accessible, extended hours/weekends/holidays¹
 - Dispensing medications to treat tobacco-related diseases / immunizations
 - Enhanced access to uninsured/underinsured, rural areas
 - Decisions to quit are often spontaneous
- Medications are safe and effective / patients need more timely access to the most effective cessation modalities
- Comparable efficacy as other interventions
- Team with tobacco quitline (1 800 QUIT NOW)
 - Implementing “Ask-Advise-Refer” (*without* prescribing) in community pharmacies results in highly significant increases in the number of patients who call the quitline²



¹Adams AJ, Hudmon KS. J Am Pharm Assoc 2018;58:253-257.

²Hudmon KS, Corelli RL, et al. J Am Pharm Assoc 2018;58:387-394.

Why Pharmacies? (cont'd)



Since 1984, no health discipline has had greater access than pharmacists to patients AND all FDA-approved medications for cessation.

Why Pharmacies? (cont'd)



Image courtesy of Tina Brock, EdD, RPh

Medications commonly used to treat conditions negatively affected by tobacco use:

- **Cardiovascular conditions:** Antiarrhythmic, anticoagulant/antiplatelet agents, antihypertensives, dyslipidemics, and vasodilators
- **Diabetes:** Insulin formulations and other hypoglycemics
- **Respiratory conditions:** Inhaled beta-agonists, inhaled anticholinergics, inhaled corticosteroids, inhaled corticosteroid/beta-agonist combinations, inhaled anticholinergic/beta-agonist combinations
- **Pregnancy:** prenatal vitamins

Why Pharmacies? (cont'd)



DRUG INTERACTIONS WITH TOBACCO SMOKE

Many interactions between tobacco smoke and medications have been identified. Note that in most cases it is the tobacco smoke—not the nicotine—that causes these drug interactions. Tobacco smoke interacts with medications through pharmacokinetic (PK) and pharmacodynamic (PD) mechanisms. PK interactions affect the absorption, distribution, metabolism, or elimination of other drugs, potentially causing an altered pharmacologic response. The majority of PK interactions with smoking are the result of induction of hepatic cytochrome P450 enzymes (primarily CYP1A2). Smokers may require higher doses of medications that are CYP1A2 substrates. Upon cessation, dose reductions might be needed. PD interactions alter the expected response or actions of other drugs. The amount of tobacco smoking needed to have an effect has not been established, and the assumption is that any smoker is susceptible to the same degree of interaction. **The most clinically significant interactions are depicted in the shaded rows.**

| DRUG/CLASS | MECHANISM OF INTERACTION AND EFFECTS |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pharmacokinetic Interactions | |
| Alprazolam (Xanax®) | ▪ Conflicting data on significance, but possible ↓ plasma concentrations (up to 50%); ↓ half-life (35%). |
| Bendamustine (Treanda®) | ▪ Metabolized by CYP1A2. Manufacturer recommends using with caution in smokers due to likely ↓ bendamustine concentrations, with ↑ concentrations of its two active metabolites. |
| Caffeine | ▪ ↑ Metabolism (induction of CYP1A2); ↑ clearance (56%). Caffeine levels likely ↑ after cessation. |
| Chlorpromazine (Thorazine®) | ▪ ↓ Area under the curve (AUC) (36%) and serum concentrations (24%). ▪ ↓ Sedation and hypotension possible in smokers; smokers may require ↑ dosages. |

Many medications interact with tobacco smoke.

Why Pharmacies? (cont'd)

Southern California – Medicaid Managed Care Plan

Cost to plan: \$ 0.15 Per Member Per Month (PMPM)

Median duration of therapy, based on prescription fills:

An essential role for pharmacists is to enhance medication adherence

| | Actual | Recommended | % consistent with recommendations |
|------------------|---------------|--------------------|------------------------------------------|
| ■ Nicotine patch | 28 days | 56 days | 35.8% |
| ■ Bupropion SR | 33 days | 49 days | 46.9% |
| ■ Varenicline | 30 days | 84 days | 22.9% |

Building the Capacity of a Profession

- 1997 – 2006: University of Pittsburgh International Smoking Cessation Specialist Program
- 1999: A shared tobacco cessation curriculum is created (Rx for Change)
- 1999 – 2003: Integration of Rx for Change into California pharmacy school curricula
- 2004 – 2006: Train-the-trainer programs for pharmacy faculty (98% of schools)
- 2004: **New Mexico** becomes the first state to permit pharmacists to prescribe all cessation medications

¹Shen Z et al. Journal of Managed Care Pharmacy 2014;20(6):579-587.

²Khan N et al. Drug, Alcohol, and Substance Abuse 2012;46:1198-1204.

New Mexico Experience

- 6-month quit rates are estimated at 18%¹ to 25%²
 - Comparable to other interventions
- More than one third of patients were non-white (21% Hispanic)
- 53% had no health insurance
- All cessation medications were prescribed
 - Most commonly prescribed medications: nicotine replacement therapy (38.4%), varenicline (30.7%)¹

Zero negative reports since inception, in 2004

¹Shen Z et al. Journal of Managed Care Pharmacy 2014;20(6):579-587.

²Khan N et al. Drug, Alcohol, and Substance Abuse 2012;46:1198-1204.

The Evolving Role of Pharmacists in Tobacco Cessation, cont'd

- 2005: SCLC Pharmacy Partnership for Tobacco Cessation was initiated
- 2017: To address public health challenges, the Center for Medicaid Services recommends that states allow pharmacists to prescribe medications such as **smoking cessation medications**, naloxone, and vaccinations
- Prescriptive authority strategies for cessation:
 - Collaborative practice agreements (CPAs)
 - Autonomous models of prescribing:
 - Independent prescribing (Idaho)
 - Statewide protocol (others)
- National Alliance of State Pharmacy Associations web-site:
 - <https://naspa.us/resource/tobacco-cessation/>

| State | OTC nicotine medications | Prescription nicotine medications | Varenicline and bupropion SR |
|---------------|--------------------------|-----------------------------------|------------------------------|
| Arizona | ✓ | ✓ | |
| Arkansas | ✓ | ✓ | |
| California | ✓ | ✓ | |
| Colorado | ✓ | ✓ | ✓ |
| Idaho | ✓ | ✓ | ✓ |
| Indiana | ✓ | ✓ | ✓ |
| Iowa | ✓ | ✓ | |
| Maine | ✓ | | |
| Minnesota | ✓ | ✓ | |
| Missouri | ✓ | ✓ | |
| New Mexico | ✓ | ✓ | ✓ |
| North Dakota | ✓ | ✓ | ✓ |
| Oregon | ✓ | ✓ | ✓ |
| West Virginia | ✓ | ✓ | ✓ |
| Vermont | ✓ | ✓ | ✓ |

States where pharmacists have prescriptive authority for tobacco cessation medications

Why does it matter that all meds are included?

Multiple Treatment Comparison Meta-Analysis

| Comparison | Odds ratio (95% CI) |
|----------------------------|---------------------|
| Nicotine gum vs Placebo | 1.7 (1.5, 1.9) |
| Bupropion SR vs Placebo | 1.9 (1.6, 2.1) |
| Nicotine patch vs Placebo | 1.9 (1.7, 2.1) |
| Other NRT vs Placebo | 2.0 (1.8, 2.4) |
| Combination NRT vs Placebo | 2.7 (2.1, 3.7) |
| Varenicline vs Placebo | 2.9 (2.4, 3.5) |

Simply adding prescription NRT formulations to prescriptive authorities will NOT move the needle on the prevalence of tobacco use.

June 2017

INDIANA LEGISLATION PASSED



HB 1540
Pharmacy
Modernization
Bill

Under a protocol for a statewide standing order,
Indiana pharmacists are now able to “prescribe” all smoking cessation medications:
Effective August 1, 2019



Indiana's Standing Order for Tobacco Cessation

A Case Study

Background

Tobacco use, including smoking is the leading cause of preventable death. Data shows that almost seven in ten adult cigarette smokers want to quit.¹ Using medications for quitting tobacco substantially increases patients' chances for long-term success. However, according to the US Surgeon General, most smokers do not use medication to help them quit. This case study explores state efforts to expand access to cessation support by allowing pharmacists to dispense tobacco cessation medications in the absence of a prescription from the tobacco user's physician. It provides background on the rationale for standing orders, important components of a standing order, and challenges a state might face in implementing standing orders. Indiana's Standing Order is showcased, but a variety of other states and their approaches to expand pharmacists' role in support of tobacco cessation are also identified.

Centers for Medicare and Medicaid Services (CMS) Informational Bulletin regarding Pharmacists

The movement toward expanded pharmacists' role in support of tobacco cessation is not limited to the

Pharmacists' Roles in Tobacco Cessation

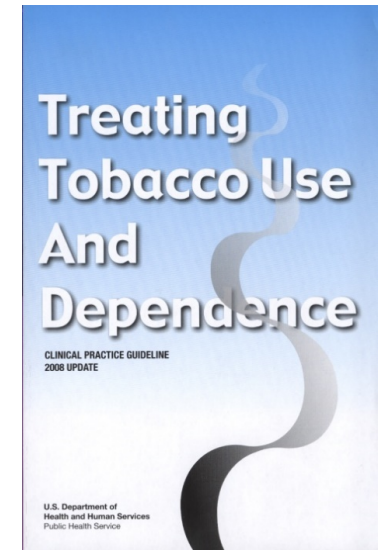
Tobacco users may encounter pharmacists in two settings within the outpatient health care system.

Dispensing pharmacists (or retail pharmacists) practice in *community pharmacies*; they fill prescriptions and instruct and counsel patients on the proper use and adverse effects of medications. In this setting, they may fill a prescribed pharmacotherapy from a physician or counsel patients on the use of over-the-counter medications.

Tobacco users may also encounter **non-dispensing** pharmacists in *outpatient clinics and physician offices*. These

Indiana Protocol for Tobacco Cessation

- Active Indiana pharmacist license
- Received education and training in tobacco use disorder and tobacco cessation, including review of the Clinical Practice Guideline for Treating Tobacco Use and Dependence (2008)
- Complete continuing education on tobacco cessation counseling each biennium
- Be acting in good faith and exercising reasonable care



Indiana Protocol: Medications Covered

- Nicotine gum
- Nicotine lozenge
- Nicotine transdermal patch
- Nicotine oral inhaler
- Nicotine nasal spray
- Bupropion SR oral tablets
- Varenicline oral tablets
- Combination of these products (based on data)

**All medications
with an
FDA indication for
smoking cessation
are included.**

How does it work?

- Schedule a time to meet with the pharmacist
 - Intake form / health screening
 - Select appropriate medication(s) for quitting
 - Prescription is written and filled, and medication counseling is provided
 - Behavioral counseling is either provided by the pharmacist AND/OR through a referral to the Indiana Tobacco Quitline or other evidence-based program
- Required follow-up appointment with the pharmacist within 14 days after quit-date
- Final contact with the pharmacist at the end of the medication regimen

Notification and Documentation

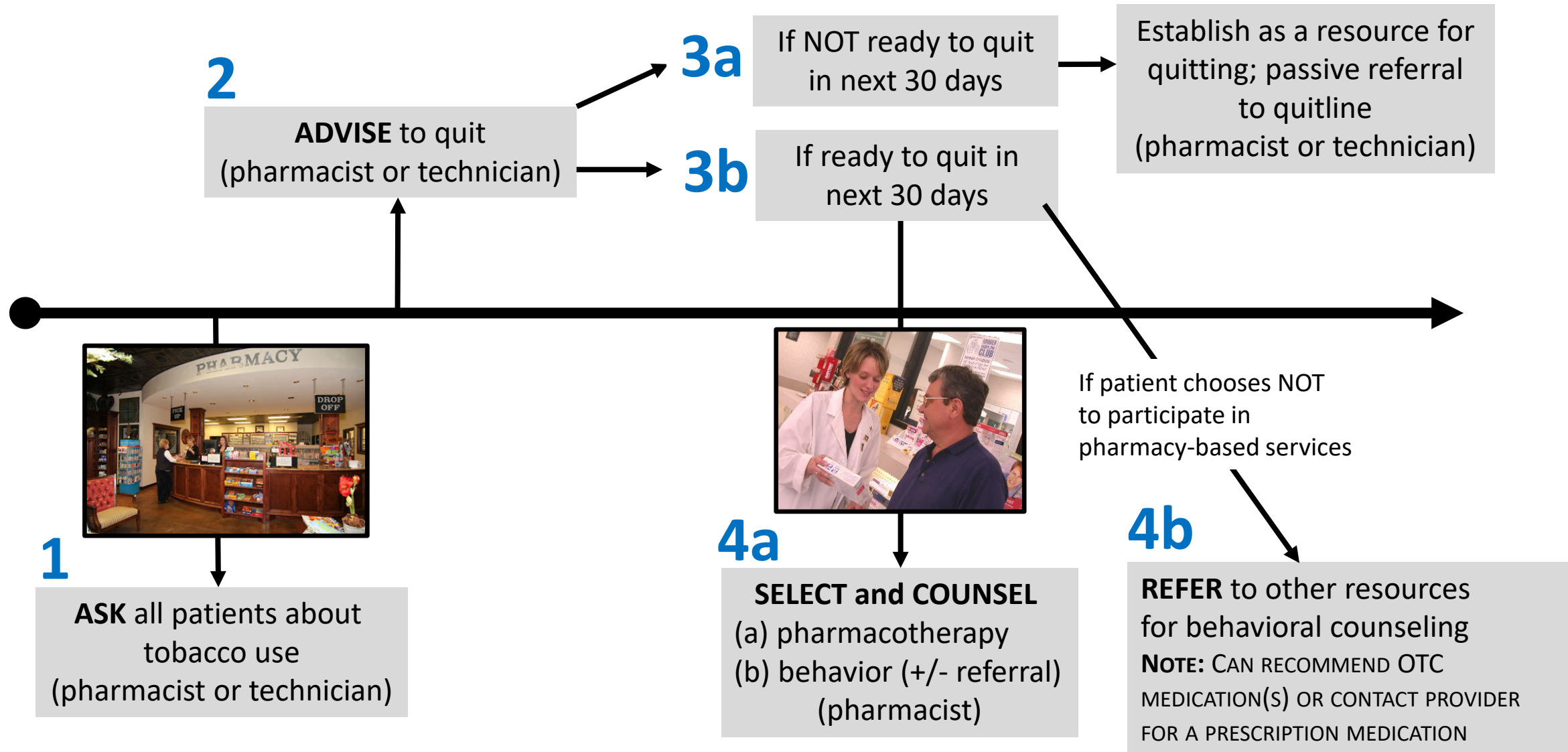
- The pharmacist must:
 - Provide patient with a record of the medication(s) dispensed
 - Notify patient's primary care provider (if they have one) of the prescription record and follow-up care plan within 3 business days
 - Advise patient to follow up with his/her primary care provider or consult a licensed provider of the patient's choice

Referral of High-Risk Patients

- Pregnant or planning to become pregnant in next 6 months
- Cardiovascular disease with:
 - Heart attack in past 2 weeks
 - History of arrhythmias or irregular heartbeat
 - Unstable angina or experiences chest pain with strenuous activity
- History of mental health disorder(s) AND is perceived to not be stable

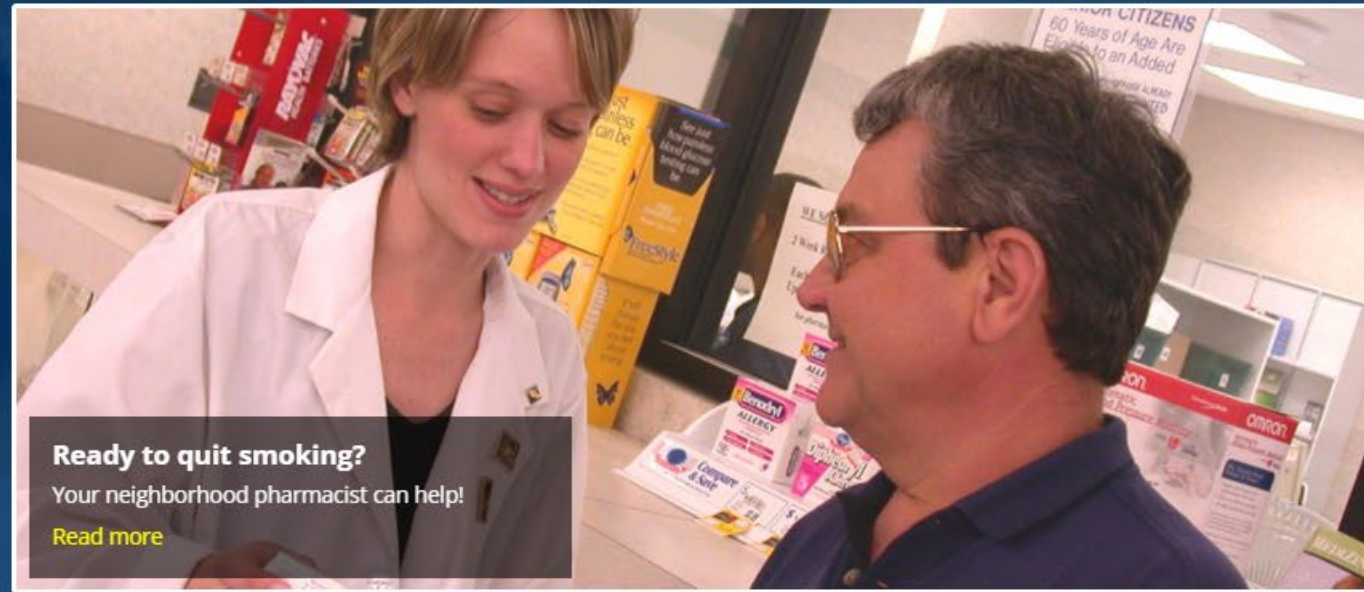
If YES for any of these – Consult with OR refer patient to a primary care provider, psychiatrist, or other provider, as appropriate.

Pharmacy Practice Model



How do I refer a patient to a pharmacist?

- Identify pharmacies in your community that are providing tobacco cessation services (and/or approach those that aren't...yet)
 - Independent pharmacies, Kroger, Costco, Albertson's, others
 - Discuss pharmacy's preferred method of referral (active vs passive) and feedback methods
 - Encourage pharmacy to enroll as a Preferred Provider with your state's tobacco quitline
 - www.QuitSmokingPharmacies.com
- Assess patient interest in receiving assistance from a pharmacist
 - Medications and/or counseling
 - Help the patient select a pharmacy, based on patient preference and location



Thinking about quitting smoking?

Your neighborhood pharmacist can help!

Pharmacists in some states can help you quit smoking, by providing you with counseling and prescribing medicines that will make you more comfortable while you are quitting.

This can include the nicotine patch, gum, lozenge, nasal spray, and inhaler as well as varenicline (Chantix) and bupropion SR (formerly sold as Zyban).

How does it work?



STEP 1

Decide that it's time to quit and pick your quit date



STEP 2

Find and contact a quit-smoking pharmacy near you



STEP 3

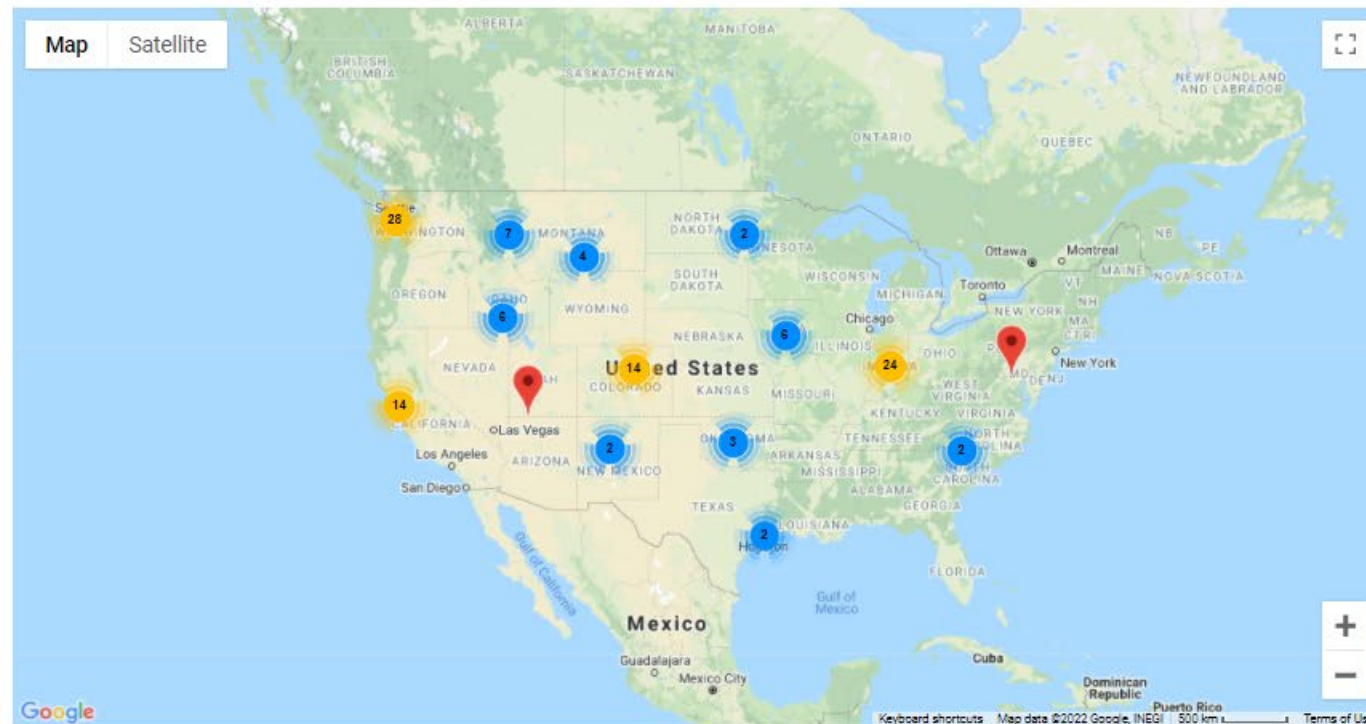
Meet with your pharmacist to design a quitting plan



STEP 4

Work with your pharmacist during the quitting process

Find a Quit-Smoking Pharmacy near you!



Suggested Next Steps

- **State Health Departments**
 - Team with schools of pharmacy
 - Identify tobacco cessation instructor; work with student groups
 - Support legislation that provides reimbursement for counseling and medications
 - Participate in the development of statewide protocols for tobacco cessation
 - Protocol should include dispensing and non-dispensing pharmacists and ALL meds
- **Proactively contact your State Pharmacy Association**
 - Encourage/support prescriptive authority
 - Co-sponsor tobacco cessation trainings (live or web-based)

Resources

- NCI-funded grant R25 CA 236637 to Purdue and UCSF
 - Rx for Change team provides live and web-based CE programs for pharmacists, pharmacy preceptors, and pharmacy technicians
 - Implementation tools provided
 - Assistance with legislative action, providing testimony for State Boards, and drafting and review of Standing Orders and Protocols



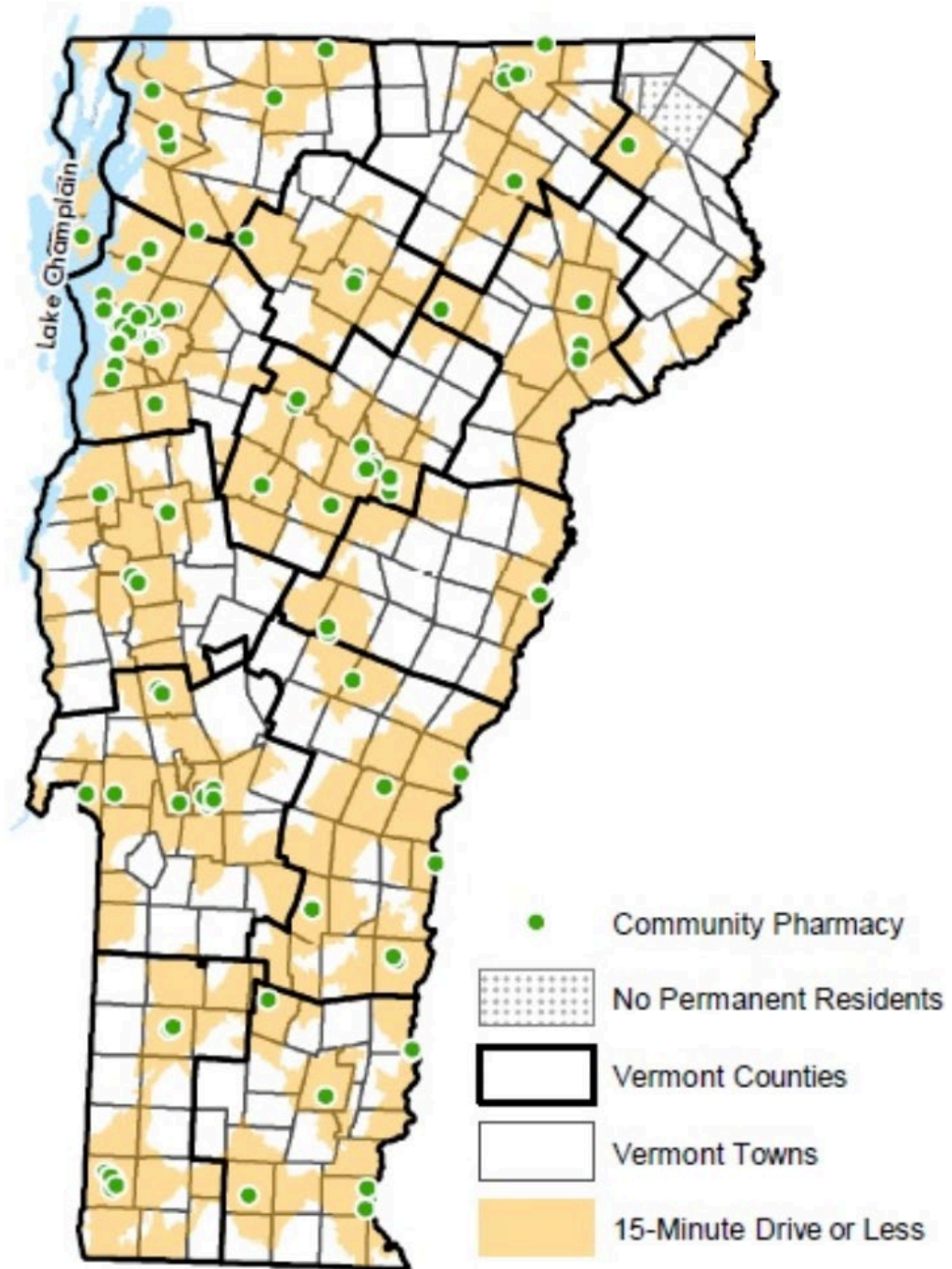
The Vermont Department of Health and Department of Vermont Health Access (Medicaid) Tobacco Cessation Pharmacy Initiative

A health systems approach to increased cessation

Rhonda Williams, Chronic Disease Prevention Chief
Vermont Department of Health

Rebecca Brookes
Upstream Social Marketing (formerly Vermont Department of Health)

Vermont pharmacies and drive times



Vermont's Comprehensive TCP components

Prevention coalitions

Policy, systems change

Cessation partners & 802Quits

Mass-reach communications

Youth/Young adult prevention

Community mobilization to restrict minors' access

Surveillance and evaluation publications

1. FIND YOUR LOCAL COALITION TO LEARN MORE AND GET INVOLVED.

Locate your local coalition to get started.

SELECT YOUR COUNTY

Together with your local coalition, you can:

- Raise awareness by talking with members of your community about the dangers of flavored tobacco products
- Help pass a local resolution expressing concern about flavored tobacco products
- Educate community leaders about options to decrease exposure to flavored tobacco products and advertising — like content neutral signage requirements or safety zones around schools and parks



A collaborative cessation focus since 2012

addressing disparate tobacco burden among Medicaid

Increase use of the tobacco cessation benefit

- Increase registration by Medicaid tobacco users to VTCP cessation program (quitline, quit online)
- Increase provider use of CPT codes for tobacco counseling
- Increase NRT prescriptions and length used
- Increase quit attempts (BRFSS)

- Goal:
1. Reduce smoking prevalence
 2. Reduce tobacco-associated Medicaid costs

Expanding Medicaid cessation benefit and raising awareness

Activation of CPT codes for tobacco counseling (99406, 99407)

Moved from single-acting NRT to dual

Elimination of co-pays & prior approval

Strategic focus on providers as well as people who use tobacco

Expand and promote to providers recognized for reimbursement

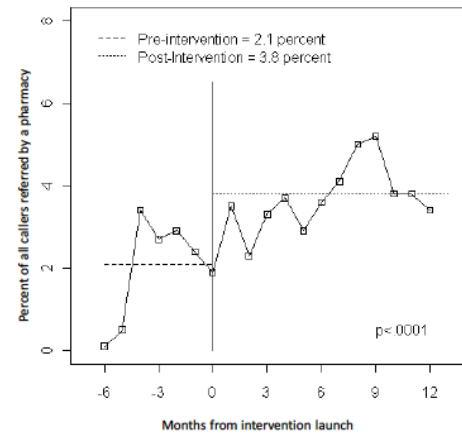


<https://www.youtube.com/watch?v=5AGoEWCRBbk>

Expanding the Scope of Pharmacy in Tobacco Cessation

Karen Hudmon, DrPH, RPh, TTS
Professor of Pharmacy Practice
Purdue University
College of Pharmacy, Department of Pharmacy Practice

Percent of All Callers Who “Heard about the Quitline at a Pharmacy”



64 pharmacies in WA and CT
Randomized trial (academic detailing/mailed materials)

Pre: N=142 of 6,769 total callers
Post: N=637 of 16,690 total callers

Significant predictors:

- Presence of one or more tobacco-related comorbidities
- Diabetes

Seasonality assessment:

- May – October, 1 yr apart
- Increase from 2.1% to 4.1%
- $p < 0.0001$

Hudmon KS, Corelli RL et al. *J Am Pharm Assoc* 2018;58(4):387–394.

Inspiration
4-11-19

National Collaboration and Partnerships

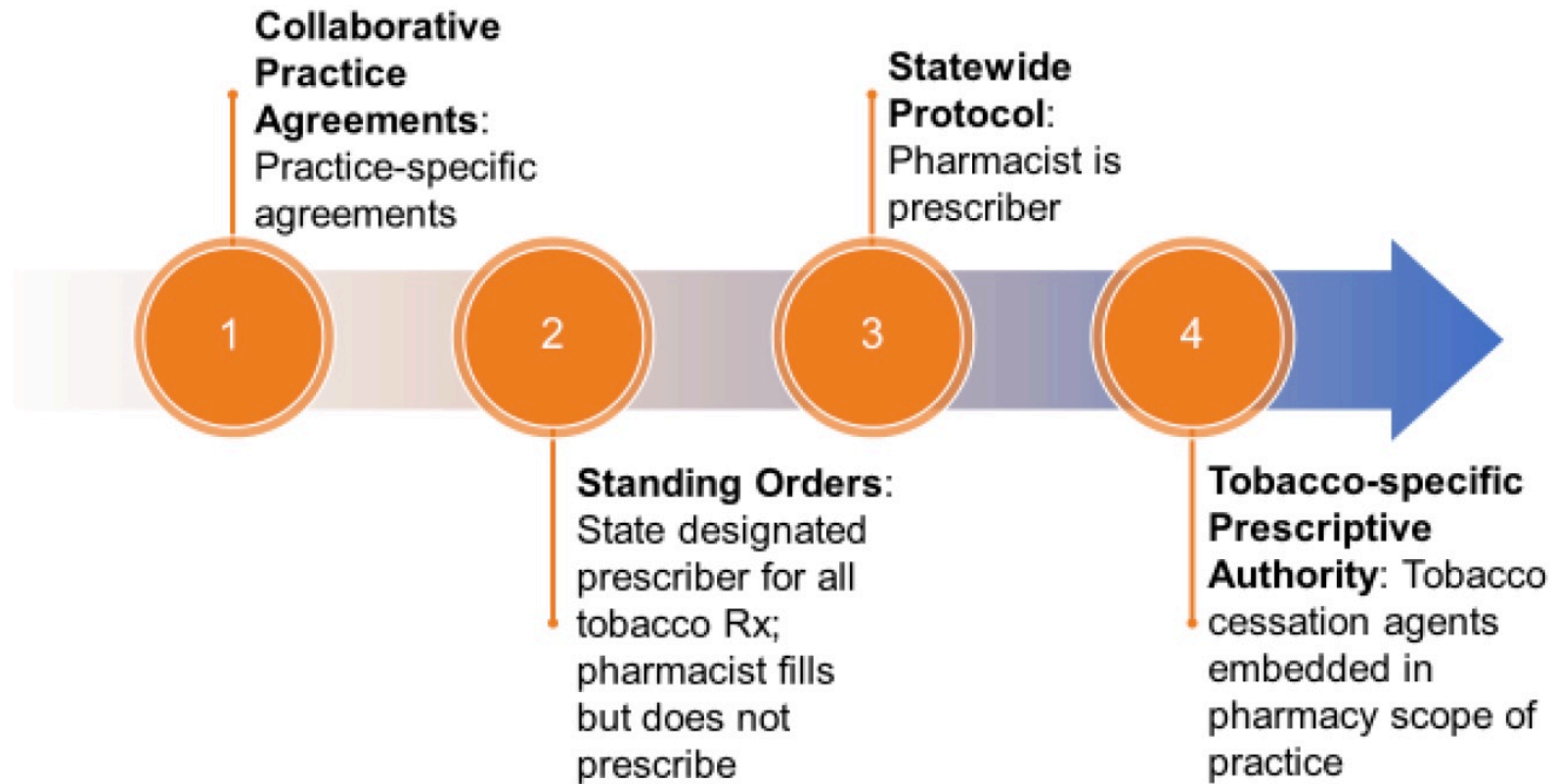
- CDC: Dr. Brenna Van Frank Medical Director CDC OSH; Steve Babb, Public Health Analyst; Shelley Hammond, OSH Communications; Robin Scala, OSH Communications
- UCSF Smoking Cessation Leadership Center: Catherine Saucedo, Deputy Director; Christine Cheng
- Indiana: Karen Hudmon, DrPH, RPh, TTS; Veronica Vernon
- Oregon: Oregon Health Authority; Paige Clark, College of Pharmacy, Oregon State University
- The National Pharmacy Partnership and RX for Change

Vermont Collaboration and Partnerships

- Department of Vermont Health Access (Medicaid)
- Vermont Department of Health leadership; Commissioner Dr. Levine
- VT Board of Pharmacy
- VT Pharmacists interviewed
- VT State Legislature
- VT Medical Society (*key involvement)

State Mechanisms for Pharmacist Interventions to Support Tobacco Cessation

SPECTRUM OF PHARMACIST AUTONOMY



Timeline

October 12, 2020, S.220 was delivered to the Governor and signed into law as Act 178.

A pharmacist may prescribe in the following contexts:

1) Collaborative practice agreement.....

2) State protocol

(A) A pharmacist may prescribe, order, or administer in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment:

- (i) opioid antagonists;
- (ii) epinephrine auto-injectors;
- (iii) tobacco cessation products;
- (iv) tuberculin purified protein derivative products;
- (v) self-administered hormonal contraceptives;
- (vi) dietary fluoride supplements;
- (vii) influenza vaccines;

Work on
several
processes
happen
simultaneously



Timeline

Act 178 Passed Oct 2020

Policy Budget & Reimbursement approved April 29, 2021

Protocol discussed at two VT Board of Pharmacy Meetings, approved June 23, 2021

Protocol approved by VDH Commissioner Dr. Levine and the Director of Professional Regulation October 2021

Timeline

Winter/Spring 2021

Investigated training options

Free trainings recommended in State Protocol through 802Quits and Rx for Change

The screenshot shows the homepage of the Rx for Change program. At the top, there is a navigation bar with the UCSF logo and links for 'About UCSF', 'Search UCSF', and 'UCSF Medical Center'. Below this is a header for 'schools of pharmacy & medicine' and the 'Rx for change' logo. A left sidebar contains a menu with items: Home, Welcome, About, Registration, FAQ, Contacts, Web-based Student Modules, Virtual Patient Exercises, Continuing Education Programs, Implementation Toolkit, and Petition Against Tobacco Sales in Pharmacies. The main content area features a banner with three images: a group of healthcare professionals in a pharmacy, a close-up of a hand holding a pill, and a portrait of Dr. Vivek Murthy. A 'LOGIN' button is in the top right of the banner. Below the banner, the title 'Clinician-assisted tobacco cessation' is displayed. The main text reads: 'Welcome to Rx for Change! Rx for Change: Clinician-Assisted Tobacco Cessation is a comprehensive tobacco cessation training program that equips health professional students and practicing clinicians, of all disciplines, with evidence-based knowledge and skills for assisting patients with quitting. Our program draws heavily from the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence, in that it advocates delivery of tailored behavioral counseling interventions in conjunction with pharmacotherapy. We address all forms of tobacco, not just cigarettes, and our materials focus on counseling all patients—regardless of their readiness to quit. All materials have undergone extensive external review by key experts in the field.' Below this, it says 'Learn more about the Rx for Change program. We have the following versions available:' followed by a numbered list: 1. 5 A's (comprehensive counseling), 2. Ask-Advise-Refer (brief counseling), 3. Psychiatry, 4. Cardiology, 5. Mental Health Peer Counselors, 6. Respiratory Care, 7. Smoking Cessation.

Timeline

Spring/Early Summer 2021

- In-Depth Interviews with pharmacists from independent stores, retail chains, behavioral health, hospital and medical offices provided valuable insights into procedures and resources pharmacists need for the new policy.
- A suite of educational resources for pharmacists and their patients was created, including a website (802quits.org/health-professionals/pharmacists/) where pharmacists can order and have materials shipped for free.

Communication: internal and external

INTERNAL

Keeping all players in the loop – constantly

Meetings:

- Core teams
- Expanded in-state teams (VDH, VT Pharmacy Association)
- Updates with national partners
- MANY presentations!

Communication External

Research and Promotion Process

- Valuable advice and resources shared from other states
- In-depth Interviews with 6 pharmacists and resulting implications for resources



Thinking about quitting smoking?

People who get professional help are more likely to quit successfully.

Your Kroger pharmacist has special training to help you quit.

I'm interested in the Kroger Quit Smoking program. How does it work?

- STEP 1** Decide that it's time to quit and pick your quit date
- STEP 2** Contact your Kroger pharmacy to set up an appointment
- STEP 3** Meet with your Kroger pharmacist to create your quitting plan, which can include:
 - » Medicines to help make you more comfortable while you are quitting
 - » Counseling to help you change your lifestyle to become a non-smoker
 - » Connecting you with the tobacco quitline, **1-800-QUIT NOW**
 - » Contacting your physician to let him or her know that you are working with a pharmacist to quit smoking
- STEP 4** Work with your Kroger pharmacist throughout your quitting process:
 - » Follow-up with your pharmacist within the first two weeks after quitting, to discuss any ongoing challenges you might be experiencing
 - » Touch base when you are ready to stop taking the medicines used to help you quit smoking

Meeting the Needs of Pharmacists

- New pharmacy section on 802Quits.org resources, quotes, current research
- Behind-the-counter info on cessation treatment programs and cessation counseling
- Patient-facing resources like brochures and Quit Guide





FOR PHARMACISTS

Key partners in the fight against smoking and tobacco addiction.

Your encouragement and counsel can help a patient make the decision to quit tobacco use, even if they've tried in the past.

There has never been a more important time for your patients to quit tobacco. Although smoking rates increased during the pandemic, COVID-19 also created motivation to quit tobacco. Patients may be more receptive now, and because of your trusted guidance and availability to them throughout the pandemic, you are the provider they will mostly likely turn to.



"Pharmacists are absolutely the right people to help patients tackle tobacco cessation because we have such frequent contact. A patient may see their PCP three times a year; they may see their pharmacist five times that amount."

*Lauren Bode
Albany College of Pharmacy and Health
Sciences-VT*

<https://802quits.org/health-professionals/pharmacists/>

Tips and Talking Points for Pharmacists

For patients at different stages of quitting.



Your encouragement, empathy and advice are critical throughout a patient's quit journey. **We can help you with those conversations.**

ESTABLISHING A TRUSTING RELATIONSHIP

- Avoid judgmental bias. Create empathy .. "A lot of us have been there."
- Establish that you have been with them throughout the pandemic, and you care about them and their health.
- Create a bond with the patient about smoking and empathize about how difficult it is to quit tobacco. If you personally had a struggle with tobacco, refer to it. If you have a family member who has struggled/is struggling, refer to it. If you remember how ubiquitous tobacco was (armed forces handed out cigarettes; tobacco reps brought free cigarettes to schools; "smoked" candy cigarettes as a kid; smoking was allowed on flights and in workplaces), remind them how things have changed now that we know smoking can damage nearly every organ of the body.
- Quitting at any age contributes to health, including relieving depression and anxiety symptoms.
- Briefly share what kind of support is available. Make this easy by giving them an 802Quits brochure with examples of different options and free resources available.

"I'M JUST NOT READY"

- If the spouse/partner or family member is in the house and also smokes, say, "You can do this together."
- Reference the patient's family history of illness if you are aware of it. "I'm concerned, Bob, because your father died of lung cancer, and your mother had emphysema; these are serious conditions that can shorten your life and your quality of life. I'd like to help you take care of this."
- A family history of Alzheimer's disease may also create motivation because long-term smoking is associated with developing Alzheimer's (over 70% increased risk).¹
- Smokers may require higher doses of pain medications. Tobacco smoke interacts with medications by influencing the absorption, distribution, metabolism, or elimination of other drugs, potentially causing an altered pharmacologic response. Upon cessation, the patient might be able to use a lower dose.

¹ Observational studies have shown that people who smoke are at higher risk of developing all types of dementia and a much higher risk (up to 79%) for Alzheimer's disease, specifically Barnes DE, Yaffe K (2011) [The projected effect of risk factor reduction on Alzheimer's disease prevalence. Lancet Neurol 10, 819-828.](#)

Tips and Talking Points for Pharmacists

For patients at different stages of quitting.



"MY ____ SMOKED ALL THEIR LIFE, AND THEY DON'T HAVE HEALTH PROBLEMS"

- They may have just "lucked out"! There are many negative health consequences when you smoke.
- Cigarettes are more dangerous than they were 50 years ago. The industry has made them more effective at delivering nicotine and other toxic chemicals. So, unfortunately, current smokers may not be as lucky.
- We know tobacco use shortens life. Studies estimate on average that people who smoke have a life expectancy of 6.5 years less than non-smokers.²

"I'VE TRIED BEFORE, AND IT DIDN'T WORK"

- There is no one way to quit, (refer to brochure if handy). There are many methods of support and medications people can use to reduce nicotine withdrawal. If what was tried before didn't work, recommend trying a different way.
- Going "cold turkey" isn't easy. Very few succeed, just 5%. Those who can get support are more likely to be successful.
- Every try counts! It can take many tries. Don't give up. Encourage the patient to keep trying different supports or combinations of medications until they find what works.
- Share a motivational message and tell your patient that you will check in to see how things are going when you see them again.

NOW THERE ARE REWARDS AVAILABLE FOR SPECIAL POPULATIONS

... with enrollment and completion of 802Quits coaching calls (Vermonters 18+).

| | | |
|------------------------------------------|-------------------------|-------|
| Medicaid members or uninsured Vermonters | Gift Cards Up To | \$150 |
| People who use menthol products | | \$50 |
| Pregnant or new parent | | \$250 |

IF THE PATIENT APPEARS INTERESTED, YOU HAVE OPTIONS

- Get them started on the spot with a prescription for OTC [NRT](#).
- Enroll them in 802Quits with the [fax referral form](#).
- Share the 802Quits brochure and recommend they call 1-800-QUIT NOW or [enroll online](#).

IF PATIENT IS NOT READY TO ENROLL

Tell your patient that you will be there to help them quit tobacco when they are ready.



Need more free brochures, posters or other 802Quits materials for your practice?




[Click here](#) to order.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117323/>

Behind the Counter Programs At-a-Glance



802Quits Free Tobacco Treatment Programs At-a-Glance

| Phone | Online | Text |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  1-800-QUIT-NOW One-on-one coaching (for age 13 and older) |  802quits.org You navigate your quitting (for age 13 and older) |  eCoaching From your mobile phone (for age 13 and older) |
| Coaches 24/7 Email and text support | Quit your way with online tools and resources like chat rooms and text support | Available with program enrollment by phone or online |
| Free Quit Medications <small>Annually, 18 and older</small> 16 weeks of patches or gum or lozenges | Free Quit Medications <small>Annually, 18 and older</small> 4 weeks of patches or gum or lozenges | Free Quit Medications <small>Annually, 18 and older</small> Up to 16 weeks of patches or gum or lozenges |
| OR | OR | OR |
| 8 weeks of patches AND gum or lozenges | 2 weeks of patches AND gum or lozenges | Up to 8 weeks of patches AND gum or lozenges |
| <i>Ordered by patient's coach</i> | <i>Patient orders online</i> | <i>Ordered by patient or patient's coach</i> |

Tailored Protocols for Pregnancy and Indigenous Peoples

Pregnancy Protocol (Quit by Phone and Text)

- 9 calls with a personal designated trained coach; text messaging support available; rewards for completing calls.
- 8 weeks each of short- and long-acting NRT with MD consent per 365 days.
- 16 additional weeks of short- and long-acting NRT after giving birth and completing post-partum coaching calls. Requires new MD consent if nursing.

American Indian Protocol (Quit by Phone or Online)

- 10 coaching calls with dedicated native coaches; distinction between commercial and traditional tobacco use.
- 8 weeks each of short- and long-acting NRT per 365 days.
- To connect a patient with the American Indian Commercial Tobacco Program call 855.5AI.QUIT (855.524.7848) or visit AIQuitline.com

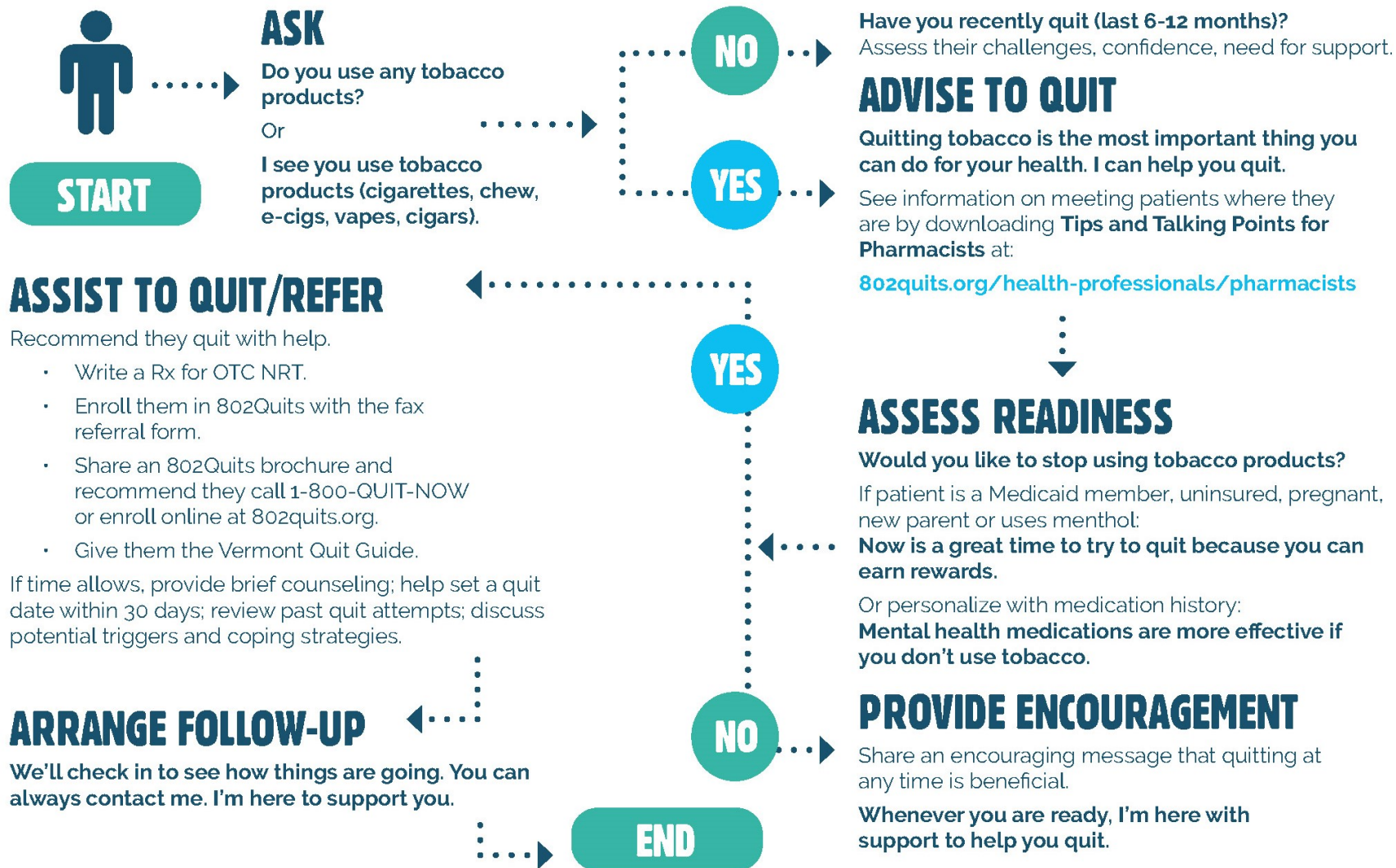
Additional Rewards

- Medicaid members and uninsured Vermonters can earn up to \$150 in gift cards.
- People who use menthol products can earn up to \$50 in gift cards with enrollment.
- Learn more about support and gift card rewards at 802quits.org/I-want-to-quit

8.5" x 11" card stock

Tobacco Cessation

Algorithm for Pharmacists



8.5" x 11" card stock

WANT TO LIVE TOBACCO AND SMOKE-FREE?

Your pharmacist can help.



Your pharmacist is your partner in quitting for good.

Get information and advice on:

- Using and accessing nicotine replacement therapy and quit medications (both prescription and non-prescription choices).
- Managing nicotine cravings and withdrawal symptoms.
- Dealing with slips and relapses.
- Coping with stress and anxiety.
- Strategies to help you quit successfully, like free 802Quits support.

Ask about new 802Quits rewards (up to \$250) for Medicaid members, uninsured Vermonters, pregnant and new parents and those who use menthol tobacco products.

Talk with your pharmacist



802quits.org

1-800-QUIT-NOW

8.5" x 14"
laminated
card stock

WANT TO LIVE TOBACCO AND SMOKE-FREE?

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- Managing nicotine cravings and withdrawal symptoms.
- Dealing with slips and relapses.
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- Strategies to help you quit successfully.

Ask about new 802Quits rewards (up to \$250)

Talk with your pharmacist



802quits.org

1-800-QUIT-NOW

Countertop

5.5" x 8.5" PVC with 6" easel

Vermont Department of Health

Disseminating the
news through
Medicaid partners

Banners
Advisories

Updates on New Tobacco Guidelines and Benefits Available to Support your Patients in Quitting

1. Thank you, clinicians, from DVHA and the Health Department! You have helped increase cessation activity and decrease smoking among members. The percentage of providers discussing cessation strategies with patients nearly doubled from 2014 to 2018. Read the [infographic](#).

Talking to your patients about their tobacco use can increase their odds of quitting. Vermont Medicaid coverage includes up to 16 face-to-face tobacco cessation counseling sessions per calendar year for eligible members of any age who use tobacco or vape products. You can be reimbursed for intermediate (3-10 minutes, CPT code 99406) or intensive counseling (over 10 minutes) in person or during a tele-health session. Understand the tobacco cessation [CPT codes](#) and their definitions, and the wide range of smoking cessation products for which no prior authorization is required. The list of available products can be found on the [Preferred Drug List](#).

2. Now your patients who use tobacco/nicotine and want to quit can earn up to \$250 when they enroll in 802Quits treatment programs. Patients may choose from phone, online or text cessation support. This [reward](#) is available to Vermonters 18 or older who are Medicaid insured or uninsured or pregnant.



Department of Health

Commissioner's Office
108 Cherry Street • P.O. Box 70
Burlington, VT 05402-0070

HealthVermont.gov

Department of Vermont Health Access

Commissioner's Office
280 State Drive
Waterbury, VT 05671-1010

DVHA.Vermont.gov

May 4, 2021

Dear Pharmacist,

Pharmacists have long been valuable partners in helping Vermonters overcome the addiction of smoking and tobacco use. You provide strategies to help patients reduce or quit, and you help them manage withdrawal, stress and relapse. There has never been a more important time to encourage and support people in their quit attempts. 802Quits offers new resources and rewards for success.

"We want our patients to be successful; we're always rooting for our patients. That's something essential for tobacco cessation because it's hard. To know you have a provider who is there not only with technical information, but also with emotional support, can really help."

Savannah Cheeseman
PharmD, Hannaford Pharmacy

Vermont Department of Health

May 4, 2021

Email introducing new
website and resources

Co-signed by Commissioners
from DVHA/Medicaid and
VDH

Evaluation

- Check in regularly with Vermont Medical Society to review communications and promote to providers
- Meet or exceed industry standard for email open rate to pharmacists promoting materials and training resources
- Track use of CPT Codes for counseling by provider type, including by pharmacists

Lessons Learned

The screenshot shows the 802 Quits website interface. At the top left is the 802 Quits logo. The navigation menu includes: HOW TO REFER, ENGAGING PATIENTS, PHARMACISTS, ORDER MATERIALS, CONTINUING EDUCATION, and a button FOR VERMONTERS. A link for English is also present. Below the navigation is a PHARMACIST RESOURCES section. Two cards are displayed: 1. 'Tobacco Cessation Clinical Guideline Algorithm' (8.5" x 11" card stock) featuring a flowchart with steps: ASK (Do you use any tobacco products?), ADVISE TO QUIT (Quitting tobacco is the most important thing you can do for your health), ASSIST TO QUIT/REFER (Recommend they quit with help), and a Screenshot ESS (Screening and Brief Intervention) step. 2. '802Quits Programs At-a-Glance' (8.5" x 11" card stock) featuring three columns: Phone (1-800-QUIT-NOW, One-on-one coaching), Online (802quits.org, You navigate your quitting), and Text (eCoaching, From your mobile phone). Both cards mention 'Tailored Protocols for Pregnancy and Indigenous Peoples'.

A health systems approach requires time, partners and patience. And relationship building!

Use experience and resources from states & national orgs who have done the process

Keep communicating. Update and close loops with all partners

Evidence may be insufficient; it's who is sharing the evidence that matters!

Contact

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khudmon@purdue.edu

317-937-1991

Q&A

- Submit questions via the **'Ask a Question' box**



CME/CEU Statements

Accreditations:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.25 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

California Psychologists: The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

California Behavioral Science Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.25 hours of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

Respiratory Therapists: This program has been approved for a maximum of 1.25 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 186712000.

California Addiction Counselors: The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.25 CCAPP credits. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.



California
Behavioral Health
& Wellness Initiative

THE FUTURE LOOKS **BRIGHT**

Free CME/CEUs will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)

For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.

Visit CABHWI.ucsf.edu for more information

Free 1-800 QUIT NOW cards

Take Control
1-800-QUIT-NOW
Call. It's free. It works.
1-800-784-8669
For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

Holiday Webinar Series with Free CME/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **29.75 units**.

Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/free-cmec-es-webinar-collections>

Post Webinar Information

- You will receive the following in our post webinar email:
 - ✓ Webinar recording
 - ✓ PDF of the presentation slides
 - ✓ Instructions on how to claim FREE CME/CEUs
 - ✓ Information on certificates of attendance
 - ✓ Other resources as needed
- All of this information will be posted to our website at <http://SmokingCessationLeadership.ucsf.edu>





SCLC's next live webinar is on

Tobacco Cessation and Minority Health

with **Dr. Eliseo Pérez-Stable**, Director of the National Institute on Minority Health and Health Disparities

- **Thursday, February 10, 2022, 2:00 – 3:00 pm EST**
- Registration will open soon

Contact us for free technical assistance



- **Visit** us online at smokingcessationleadership.ucsf.edu
- **Call** us toll-free at **877-509-3786**
- **Provide Feedback** - Copy and paste the post webinar survey link: https://ucsf.co1.qualtrics.com/jfe/form/SV_4OdXjZOIzQapOGa into your browser to complete the evaluation!

UCSF Smoking Cessation
Leadership Center

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Tobacco-Free Recovery



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