

What is a Comprehensive Tobacco Cessation Benefit?

Smoking is the leading cause of preventable death and disease in the United States¹. Most smokers want to quit. In 2015, nearly 7 in 10 smokers wanted to quit and 5 in 10 smokers had made a quit attempt in the past year¹. The addiction to nicotine is incredibly powerful; it often takes multiple attempts to and smokers who have help with quitting are most likely to be successful.

In 2008, the U.S. Department of Health and Human Services released an updated Treating Tobacco Use and Dependence Clinical Practice Guideline.

This update defined a **Comprehensive Tobacco Cessation Benefit** as:

- 1) Coverage of all FDA-approved cessation medication
 - a. Nicotine Gum
 - b. Nicotine Inhaler
 - c. Nicotine Lozenge
 - d. Nicotine Nasal Spray
 - e. Nicotine Patch
 - f. Bupropion
 - g. Varenicline
- 2) Coverage of three forms of cessation counseling
 - a. Individual (face to face)
 - b. Group
 - c. Telephone



Barriers

Policies that make it harder for patients to access quit smoking treatments are barriers or obstacles to obtaining care. Removing these “utilization management” policies or barriers makes it easier for patients to obtain medications, attend counseling, and get the treatment they have determined, with their doctor, is right for them.

Common barriers are listed below. For more information on barriers, please see [Barriers to Tobacco Cessation Treatment in State Medicaid Programs](#).

- Cost Sharing
- Prior Authorization
- Duration Limits
- Yearly or Lifetime Limits
- Dollar Limits
- Stepped Care Therapy
- Required Counseling

¹U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: 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, 2014 [accessed 2018 Feb 22].

²Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2016. Morbidity and Mortality Weekly Report 2018;67(2):53-9 [accessed 2018 Feb 22].

