Tobacco Recovery Guide

Reference and Resource Guide for Providers

HIGHMARK HEALTH OPTIONS | HIGHMARK

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Overview

"Tobacco remains the single largest cause of preventable diseases and deaths in the United States", according to the FDA[1]. Highmark Health Options is dedicated to supporting providers in integrating comprehensive tobacco recovery strategies into their practice. While the use of traditional tobacco products in the United States (US) has declined in the past five decades, tobacco use levels in WV continue to rank among the highest in the nation. Conversely, use of electronic vaping devices (e-cigarettes) has been rising.

In WV, "10.1% of adults reported current use in 2023 compared to 9.3% in 2022. Furthermore, e-cigarettes are the most used tobacco product among youth[2].

To align with the West Virginia Department of Health's increased focus on preventing and reducing tobacco use across the state, Highmark Health Options has enhanced its efforts to provide members with tobacco recovery benefits, education, and resources to encourage and support them in quitting all tobacco and nicotine products.

Highmark Health Options recognizes that providers play a pivotal role in helping members quit or reduce their use of tobacco and nicotine products. This guide offers essential resources to assist providers in caring for Highmark Health Options members. For more information on efforts to improve tobacco recovery, the Bureau for Behavioral Health has an online Clearing House which aims to provide agencies and practitioners with valuable information regarding the level of effectiveness for various interventions. Information regarding the efficacy of programs throughout West Virginia is included in this database. Practitioners are invited to request review of programs that are not currently listed in the clearinghouse.

Screening for Tobacco Use

Screening for tobacco use and vaping should begin at age 11 and continue at least annually through adulthood.

Suggested Screening Tools include:

- Hooked on Nicotine (HONC)
- E-cigarette Dependence Scale
- Modified Fagerstrom Tolerance Questionnaire[3]

Brief Interventions to Support Tobacco Recovery

While challenging, many individuals desire to quit or reduce tobacco use; in fact, nearly seven out of ten smokers report wanting to quit. However, fewer than one in ten successfully quit each year [4], highlighting the significant gap between motivation and long-term cessation success.

This highlights the critical role medical providers play; even just three minutes of counseling has been shown to double a patient's chance of quitting, compared to simple advising. [5]

Motivational Interviewing (MI) is a patient-centered approach that strengthens an individual's own motivation and commitment to positive behavior changes, effectively opening the conversation for resources and support.

Providers can use the "5 A's", an evidence-based strategy for quitting[5]:

Ask	Advise	Assess	Assist	Arrange
Ask about and document tobacco use status at EVERY visit.	Advise in a clear, direct, personalized manner that tobacco users stop smoking.	Assess willingness to quit currently. For former tobacco users, ask how recently they stopped and what challenges they may still have trouble dealing with.	Assist by prescribing Nicotine Replacement Therapy (NRT) unless medically contraindicated.	Arrange follow up, including counseling.

The 5 "R's" are for Patients Not Yet Ready to Quit. For patients who are not yet ready to commit to quitting, use the 5 Rs to help build motivation[5]:

Relevance	Risks	Rewards	Roadblocks	Repetition
Digging deeper to find out why the patient does not want to quit and why quitting is relevant to them. (Motivational interviewing tactics would come in handy here!)	Remind the patient what the ongoing risks of continued tobacco use have the potential to do to their body.	Willingness to quit currently. For former tobacco users, ask how recently they stopped and what challenges they may still have trouble dealing with.	Identify common challenges that most quitters go through, such as withdrawal symptoms, weight gain, relapses, etc.	Continue to ask about their willingness to quit, ideally at every single visit.

Talking Points

Topic	Talking Points
Secondhand Smoke **Secondhand Smoke** (cont.)	There is no safe level of exposure to secondhand smoke. Even brief exposure can cause serious health problems. Secondhand smoke can cause coronary heart disease, stroke, and lung cancer in adults who do not smoke. Infants and young children are especially impacted by health problems caused by secondhand smoke because their bodies are still growing. Children exposed to secondhand smoke are at an increased risk for: • Sudden infant death syndrome (SIDS) • Acute respiratory infections, such as pneumonia and bronchitis • Middle ear disease • More frequent and severe asthma • Respiratory symptoms and slowed lung growth[6]
E-Cigarettes and Vapes	The health risks of vaping include: • Addiction: E-cigarettes contain nicotine, a drug that's highly addictive. You don't have to vape every day to get addicted. • Anxiety and depression: Nicotine can make anxiety and depression worse. It also affects memory, concentration, self-control, and attention, especially in developing brains. • Becoming a smoker: People who vape are more likely to start smoking regular (tobacco) cigarettes and may be more likely to develop other addictions in the future. • Sleeping problems. • Exposure to cancer-causing chemicals. • Chronic bronchitis. • Lung damage can be life-threatening. • Other health effects are possible that are not yet identified. Vaping hasn't been around that long, so its health risks aren't all known. [7]
Cardiovascular	Smoking cessation is one of the most important actions people who smoke can take to reduce their risk for cardiovascular disease. This is true for all people who smoke, regardless of age or smoking duration and intensity. The health benefits of smoking cessation also extend to patients already diagnosed with heart disease. The cardiovascular benefits of smoking cessation include: • Reduces markers of inflammation and hypercoagulability. • Leads to rapid improvement in high-density lipoprotein cholesterol (HDL-C) levels. • Reduces the development of subclinical atherosclerosis and slows progression as time since cessation lengthens.

Topic	Talking Points
Cardiovascular (cont.)	• Reduces the risk of disease and death from cardiovascular diseases (CVDs). • Reduces the risk of coronary heart disease, with risk falling sharply one to two years after cessation and then declining more slowly over the longer term. • Reduces the risk of disease and death from stroke, with risk approaching that of those who have never smoked after cessation. • Reduces the risk of abdominal aortic aneurysm, with risk decreasing with time since cessation. • May reduce the risk of atrial fibrillation, sudden cardiac death, heart failure, venous thromboembolism, and peripheral arterial disease.[8] The CDC's Smoking and Cardiovascular Disease fact sheet provides additional information.
Respiratory	Smoking cessation is one of the most important actions people who smoke can take to improve their health and reduce their risk for chronic obstructive pulmonary disease (COPD). This is true for all people who smoke, regardless of age or smoking duration and intensity. The health benefits of smoking cessation also extend to people already diagnosed with COPD. The respiratory benefits of smoking cessation include: • Reduces the risk of developing COPD. • Slows the progression of COPD among people with this condition and reduces the loss of lung function over time. • Reduces the risk of cancer in the respiratory system. • Reduces respiratory symptoms such as cough, sputum production, and wheezing. • Reduces respiratory infections such as bronchitis and pneumonia. • Research suggests cessation may improve lung function, reduce symptoms, and improve treatment outcomes among people with asthma. [9]
Cancer	Smoking cessation is one of the most important actions people who smoke can take to improve their health and reduce their risk of cancer. This is true for all people who smoke, regardless of age, how much, or how long they have smoked. For patients with cancer, studies suggest that quitting smoking can significantly reduce mortality and improve their prognosis. Smoking cessation reduces the risk of 12 different types of cancer including lung, larynx, oral cavity and pharynx, esophagus, pancreas, bladder, stomach, colon and rectum, liver, cervix, kidney, and acute myeloid leukemia (AML).[10]
Maternal and Infant Care	Smoking cessation is one of the most important actions women who smoke can take care of a healthy pregnancy and a healthy baby. The best time for women to quit smoking is before they try to get pregnant. But quitting at

Topic	Talking Points
Maternal and Infant Care (cont.)	any time during pregnancy can benefit the health of both the mother and the baby. The reproductive health benefits of smoking cessation include: • Smoking cessation during pregnancy reduces the effects of smoking on fetal growth. Cessation early in pregnancy eliminates the adverse effects of smoking on fetal growth. • Smoking cessation before or during early pregnancy reduces the risk for a small-for-gestational age of birth. • Research suggests that smoking cessation may reduce the risk of preterm delivery. [11]
Adolescents	Vaping or using tobacco can have a negative impact on the ability to breathe and can impact athletic performance. Additionally, vaping or the use of tobacco can impact brain development. [7] In addition to the above health impacts, vaping or using tobacco can also have more cosmetic effects, such as stained teeth, bad breath, yellow skin of the fingers, and premature wrinkling. Addressing peer pressure-having friends who use tobacco doubles the risk that youth will start using some form of tobacco product themselves. [7]

Treatment Options and Resources to Support Tobacco Recovery

Utilizing drug therapy significantly increases the likelihood of successful tobacco cessation, with smokers being twice as likely to quit successfully. [5] Quitting tobacco and nicotine products is challenging, but medications and other therapies can substantially improve success rates. These tools, such as Nicotine Replacement Therapies (NRT) or prescription medications, effectively manage withdrawal symptoms like cravings and irritability. By reducing physical nicotine dependence, these aids empower individuals to focus on the psychological and emotional aspects of quitting, fostering a healthier, smoke-free life.

Below is an overview of available replacement therapies, including important considerations for their use.

Nicotine Replacement Therapies

Product	Cautions and Warnings	Possible Side Effects	Dosage
Gum / Lozenge	-Caution with dentures -Do not eat or drink 15 minutes before or during use.	• Dyspepsia • Nausea • Mouth irritation	**Weeks 1-6:** Q 1-2 hours or at least 9 pieces/day **Weeks 7-9:** Q 2-4 hours. **Weeks 10-12:** Every 4-8 hours **Recommended duration:** Up to 6 months.
Patch	-Do not use over psoriasis or eczema.	• Insomnia • Local skin irritation	**If ≤ 10 cigarettes/day:** • 14 mg/day for 6 weeks. • 7 mg/day for 2 weeks. • Can continue 7 mg/day if urge continues. **If > 10 cigarettes/day:** • 21 mg/day for 6 weeks. • 14 mg/day for 2 weeks. • 7 mg/day for 2+ weeks. **Recommended duration:** 8 or 12 weeks. FDA approved for 3-5 months.
Varenicline *(Chantix)*	Use caution with the following: -Psychiatric disorders -Cardiovascular disease	- Nausea - Insomnia or dreams - Headache - Depressed mood	**Days 1-3:** 0.5 mg/day. **Days 4-7:** 10.5 mg twice a day. **Days 8 through end:** 1 mg twice daily. **Recommended duration:** Chantix (R) can be used for 12

Product	Cautions and Warnings	Possible Side Effects	Dosage
Varenicline (cont.)	- Seizure disorders -Severe renal impairment *(CrCl < 30 mL/min)*	- Agitation or behavioral changes - Suicide ideation	weeks. For patients that successfully stopped during first 12 weeks, another 12 weeks of treatment is recommended.
Bupropion SR *(Zyban, Wellbutrin SR)*	Contraindicated in those with seizure disorders, anorexia, or bulimia. Can be used in combination with tobacco cessation products containing nicotine.	- Nausea - Insomnia or dreams - Headache - Depressed mood - Agitation or behavioral changes - Suicide ideation	Start 1-2 weeks prior to quitting: 150 mg QAM x 3 days. Then: 150 mg BID; doses should be at least 8 hours apart. Not to exceed 300 mg daily. Continue for 7-12 weeks. Recommended duration: Up to 6 months post-quit to maintain cessation.

To find the Highmark Health Options coverage for these products, please refer to the following resources.

For Highmark Health Options WV Medicaid Members:

- 2025-2026 West Virginia Member Handbook
- About Us: WV Department of Health Division of Tobacco Prevention

For Highmark Health Options WV Medicare D-SNP Members:

- 2026 Medicare 1 Tier Formulary
- Highmark Health Options Duals Low Income Subsidy (LIS) Extra Help

Tobacco Cessation Counseling

- Providers are encouraged to submit CPT codes for tobacco counseling sessions; sessions are limited to two per code per calendar year.
  - 99406: Smoking and tobacco use cessation counseling; intermediate, greater than 3 minutes, but not more than 10 minutes
  - 99407: Smoking and tobacco use cessation counseling; intensive, greater than 10 minutes

- This service can be rendered on the same day as evaluation and management services if the evaluation and management service is significant and separately identifiable from the tobacco cessation counseling. The evaluation and management service must be used with the appropriate modifier to indicate the additional service.

Referring Members to the West Virginia Tobacco Cessation Quitline

The WV Free Quitline is a complimentary state-sponsored program designed to assist individuals in their tobacco cessation journey. The WV Tobacco Cessation Quitline provides highly trained, certified phone coaches to help participants quit tobacco. In addition to individual phone coaching, the program also offers free nicotine replacement therapy and information and materials on quitting tobacco. Specialized programs for pregnant smokers and spit tobacco users are also available. Providers can visit https://wvtobaccoquitline.com/ for detailed information on referring patients.

What to expect when calling the Quitline: A quit coach will work with individuals to develop a personalized plan and provide them with information that will help them quit tobacco. During the call, the quit coach may ask specific questions about quitting history, tobacco use, and/or motivations to quit, which will help them create a plan that will work best for the individual. Any information that the individuals provide or discuss with their quit coach during the call is completely confidential. Patients can refer themselves directly online or by calling 304-583-4010. The website offers extensive tobacco cessation information, self-help tools, and a self-referral form.

The WV Free Quitline also offers specialized programs:

- Youth Tobacco Prevention Program: "**Raze"** is West Virginia's youth tobacco prevention program
- **Pregnant/Postpartum population:** Smoking and Pregnancy
- **LGBTQ+** Tobacco Cessation Initiative: LGBTQ+ Tobacco Cessation
- **African American** Tobacco Cessation Initiative: African American Tobacco Cessation

Additional Tobacco Cessation Resources:

Resource	Phone	Website
Highmark Health Options WV	**1-833-957-0020**	**Highmark Health Options - West Virginia | HHO WV**

Resource	Phone	Website
West Virginia Division of Tobacco Prevention	**304-352-6000**	**About Us**
American Cancer Society	**1-800-227-2345**	**cancer.org**
American Heart Association	**1-800-242-8721**	**heart.org**
American Lung Association	**1-800-586-4872**	**lung.org**
Nicotine Anonymous	N/A	**nicotine-anonymous.org**

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