

Access to Tobacco Cessation Medication through Pharmacists

Introduction

Although smoking rates have declined in the United States, tobacco use still causes about 480,000 deaths each year.¹ In light of the health consequences, seven in ten current smokers want to quit, and evidence suggests that quit attempts are most successful when supported by evidence-based treatments, including pharmaceutical aids and counselling services.^{2,3} The U.S. Preventive Services Task Force (USPSTF), a panel of experts in prevention and evidence-based medicine that recommends interventions based on a rigorous assessment of peer-reviewed evidence, found that a combination of pharmacotherapy and behavioral interventions was most effective in assisting individuals to quit smoking.⁴

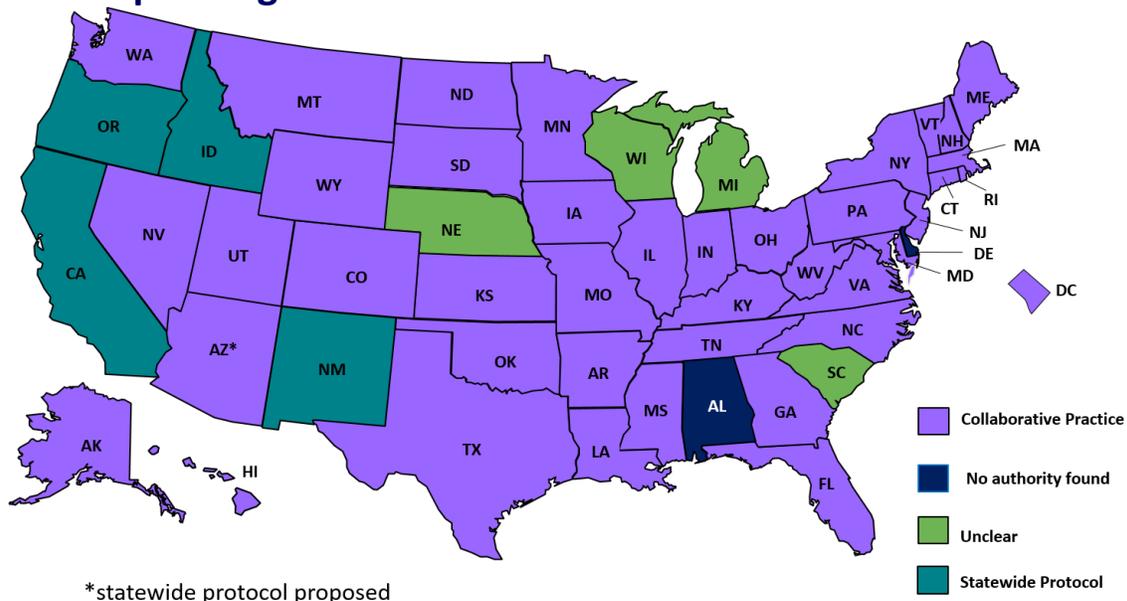
Evidence Supporting Pharmacist Engagement in Promoting Tobacco Cessation

Pharmacists are well-positioned to initiate treatment and support individuals throughout the quitting process. Since pharmacists are located in communities and can typically be seen without appointments, they are often more readily available than other healthcare providers and can respond quickly to modify cessation therapies.⁵ In a 2007 review, researchers concluded that early studies “collectively demonstrate the positive impact that pharmacists can have on increasing smoking cessation.”⁶

State Approaches to Expand Access to Tobacco Cessation Therapies

States have pursued a variety of strategies to ensure that individuals that want to quit smoking have access to effective, evidence-based smoking cessation options, including leveraging pharmacists to initiate tobacco cessation treatments. The majority of states enable pharmacists to provide more clinical care to individuals through collaborative practice agreements or drug management therapy protocols. Under these types of agreements, a physician or other healthcare provider may delegate certain patient care activities to a pharmacist pursuant to a written protocol. Additionally, California, New Mexico, and Oregon expressly authorize pharmacists to provide tobacco cessation therapies under statewide protocols issued by state boards or agencies. Finally, while not specific to tobacco cessation, the Idaho Department of Health and Welfare gained authority to implement statewide drug management protocols for the purposes of improving public health.⁷

Expanding Access to Tobacco Cessation Medication



Collaborative Practice Agreements

Many states allow pharmacists to provide expanded patient services under collaborative practice agreements. However, state laws vary in terms of the specific requirements for the collaborative practice agreements, which may impact how effective these agreements can be for tobacco cessation.⁸ Several states require pharmacists to complete additional education or practice requirements before being eligible to enter collaborative practice agreements. For example, Colorado pharmacists must earn a Doctor of Pharmacy degree and practice for five years.⁹ Additionally, 14 states restrict the kinds of patients that can receive services from a pharmacist under a collaborative practice agreement, most commonly by requiring patient-specific agreements but also by types of facility or payer. These restrictions may limit the number of pharmacists who enter such agreements and the number of patients to whom they can provide services.

It is difficult to assess the impact of collaborative practice agreements on expanding access to tobacco cessation treatments. It is unclear how many pharmacists and healthcare providers are leveraging collaborative practice agreements to increase access to tobacco cessation and whether there are best practices or more successful models and protocols. State health agencies can address some of these information gaps through collaboration with state pharmacy and provider boards.

Statewide Protocols

Four states have authorized pharmacists to prescribe according to statewide protocols. California, New Mexico, and Oregon created mechanisms specific to tobacco or smoking cessation. More broadly, Idaho's Regulatory Code allows the director of the Idaho Department of Health and

Welfare, in conjunction with the Idaho State Board of Pharmacy, to allow pharmacists to perform drug management therapy or provide other patient services. This authority could provide a pathway for pharmacist to provide cessation therapies. In addition, the Arizona State Board of Pharmacy submitted a report to the legislature in 2016 justifying its request for a statewide protocol for tobacco cessation.¹⁰

California

California's legislature granted pharmacists authority to furnish FDA-approved nicotine replacement products under protocols to be developed and approved by the California State Board of Pharmacy, as well as the Medical Board of California.¹¹ The law included some mandatory provisions requiring pharmacists to maintain records, meet training and certification requirements, and notify primary care providers when patients seek tobacco cessation therapies.¹² Specifically, pharmacists must complete a training course approved by the board of pharmacy, as well as complete annual continuing education on tobacco cessation.¹³

The board of pharmacy finalized the *Protocol for Pharmacists Furnishing Nicotine Replacement Products* in January 2016.¹⁴ The protocol outlines steps that pharmacists must complete when a patient requests or when a pharmacist decides to initiate smoking cessation and treatment, including screening questions to identify higher risk patients and possible allergies or contraindications.¹⁵ The California Department of Health has undertaken efforts to raise awareness of the expanded role pharmacists can play in tobacco cessation.^{16,17}

Idaho

In September 2015, the Idaho State Board of Pharmacy amended its collaborative practice rules to allow the Idaho Department of Health and Welfare to issue statewide protocol agreements to promote public health.¹⁸ The new rule became effective in March 2016 and requires any statewide protocol agreement to contain effective dates, geographic regions where the protocol is applicable, and the drugs and guidelines that limit a pharmacist's authority.¹⁹ Although the rule does not directly refer to tobacco cessation treatments or therapies, it would be possible for a protocol to be established under this rule.

New Mexico

New Mexico's board of pharmacy used its existing regulatory authority to create a tobacco cessation protocol for pharmacists. Under New Mexico law, the pharmacy board has authority to adopt rules and protocols with approval of the New Mexico board of medical examiners and board of nursing governing prescribing of dangerous drug therapy.²⁰ The board issued its protocol for Tobacco Cessation Drug Therapy in September 2015.²¹ New Mexico's protocol recommends that pharmacists engage patients seeking tobacco cessation treatments through an educational module lasting at least 90 minutes.²² This is a unique feature that recognizes the importance of combining both pharmaceutical and behavioral interventions. Unlike California, which limits pharmacists to providing nicotine replacement therapies (NRT), in New Mexico, pharmacists may provide NRT, bupropion, as well as a broad category of other FDA approved products for tobacco cessation.²³ As

with California, pharmacists must maintain records and notify primary care practitioners when patients seek tobacco cessation drug therapy.²⁴

Oregon

In 2015, the Oregon legislature authorized the Oregon Health Authority (OHA) to develop statewide drug therapy management protocols.²⁵ The law specifically included smoking cessation therapy but had broader applicability.²⁶ The OHA has not developed the protocol yet, so the precise requirements remain unknown.

Conclusion

The majority of current smokers would like to break their habit, and the most effective treatments are combinations of pharmacological products and behavioral interventions, like counseling. Pharmacists are well-positioned to support individuals as they attempt to quit smoking. States can expand access to tobacco cessation services by leveraging pharmacists through collaborative practice agreements and statewide protocol.

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¹ CDC. "Smoking and Tobacco Use Fast Facts." Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/. Accessed 12-20-16.

² CDC. "Morbidity and Mortality Weekly Report: Quitting Smoking Among Adults – 2001-2010." Available at https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s_cid=%20mm6044a2.htm_w. Accessed 12-20-16.

³ Chaiton, M, Diemert L, Cohen JE, *et al.* "Estimating the Number of Quit Attempts It Takes to Quit Smoking Successfully in a Longitudinal Cohort of Smokers." *BMJ Open*, 2016 6. Available at <http://bmjopen.bmj.com/content/6/6/e011045.full>. Accessed 12-20-16.

⁴ US Preventative Services Task Force. "Evidence Summary: Other Supporting Document for Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions." Available at <https://www.uspreventiveservicestaskforce.org/Page/Document/behavioral-counseling-and-pharmacotherapy-interventions-for-/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1#results>. Accessed 12-20-16.

⁵ Dent, L, Harris KJ, and Noonan CW, *Randomized Trial Assessing the Effectiveness of a Pharmacist-Delivered Program for Smoking Cessation*. The Annals of Pharmacotherapy. 2009.

⁶ *Ibid.*

⁷ Idaho Admin. Code r. 27.01.01.310.

⁸ CDC. *Select Features of State Pharmacist Collaborative Practice Laws*. Available at https://www.cdc.gov/dhbsp/pubs/docs/pharmacist_state_law.pdf. Accessed 12-20-16.

⁹ Colorado Revised Statutes § 12-42.5-602.

¹⁰ Fine, Kelly, "Report Requesting An Expansion of the Scope of Practice for the Profession of Pharmacy." Available at http://www.azleg.gov/alispdfs/sunrise/AzPA_sunrise_2016.pdf. Accessed 12-20-16.

¹¹ California Stats.2013, c. 469 (S.B. 493), §10. Available at http://leginfo.legislature.ca.gov/faces/billVersionsCompareClient.xhtml?bill_id=201320140SB493. Accessed 12-20-16.

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ Cal. Code Reg. tit. 16, §1746.2.

¹⁵ *Ibid.*

¹⁶ California Department of Public Health. "Talk to Your Pharmacists about Quitting Tobacco." Available at

https://www.cdph.ca.gov/programs/tobacco/Documents/CDPH%20CTCP%20Refresh/Community/Cessation/Talk_to_Your_Pharmacist_about_Quitting_Tobacco.pdf. Accessed 12-20-16.

¹⁷ California Department of Public Health. "Cessation and Pharmacists. Available at https://www.cdph.ca.gov/programs/tobacco/Documents/CDPH%20CTCP%20Refresh/Community/Cessation/Cessation_Pharmacists_and_SB_493.pdf. Accessed 12-20-16.

¹⁸ Idaho Admin. Code r. 27.01.01.310.

¹⁹ *Ibid.*

²⁰ New Mexico Administrative Code 61.11.6.

²¹ *Ibid.*

²² New Mexico Regulation and Licensing Department. "Protocol for Pharmacist Prescribing for Tobacco Cessation." Available at

<https://nmpa30.wildapricot.org/resources/Documents/rx%20authority/Tobacco%20Cessation%20protocol.pdf>. Accessed 12-20-16.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ Oregon 2015 OL Ch. 362. Available at

<https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2028/Enrolled>. Accessed 12-20-16.

²⁶ Oregon Administrative Rules 855-019-0264.