

Increasing Access to FDA-Approved Cessation Medications Through Pharmacist-Provided Care

Pharmacists are playing an increasingly important public health role, in part due to the widespread presence of pharmacies in communities, with nearly 89% of people in the U.S. living within five miles of a pharmacy.¹ In rural areas, pharmacists are often the first point of contact for healthcare advice.² In addition, pharmacies often offer extended hours of operation, the ability to administer certain vaccines, and individualized counseling on how to safely use medications. The American Cancer Society Cancer Action Network (ACS CAN) supports increasing access to pharmacists to expand opportunities for adults who want to quit tobacco, particularly in rural communities, where pharmacist-provided FDA-approved cessation medications and services can help reduce disparities driven by limited access to other healthcare providers.³

Cost Barriers to FDA-Approved Cessation Medications for Adults

Successfully quitting tobacco usually requires multiple attempts, and individuals who want to quit often face significant barriers. Research has shown cessation medications and counseling improve the chances of long-term cessation among adults, both independently and especially when used in combination.⁴ However, the costs of cessation medications can be prohibitive for individuals who use tobacco and want to quit. Reducing barriers, including costs, to increase access to U.S. Food and Drug Administration (FDA)-approved cessation medications is considered a best practice for tobacco control by the Centers for Disease Control and Prevention (CDC).⁵ Yet, some health plans require a healthcare provider visit to access FDA-approved cessation medications without cost sharing, even for over-the-counter products. Public health agencies have identified such requirements as avoidable barriers that delay treatment, suppress medication use, and undermine quit success.⁶ Permitting pharmacists to prescribe FDA-approved smoking cessation medications can eliminate this barrier and better help adults who use tobacco to quit.

Key Facts: Adult Tobacco Use & Quitting

- Nearly one in five, or 48 million, U.S. adults used at least one tobacco product in 2024.⁷
- More than one-half of adults who smoked cigarettes (53%) in 2022 attempted to quit, and only about 9% quit successfully.⁸
- Only about 4 in 10 adults (38%) who attempted to quit smoking cigarettes used recommended cessation aids, including counseling and/or FDA-approved medications.⁸
- About one-half of adults (50%) who smoked cigarettes and saw a health professional did not receive advice or assistance to quit.⁸
- Delays and coverage restrictions imposed by health plans on FDA-approved cessation medications significantly reduce the likelihood of successful quitting.⁶
- Access to pharmacists increases cessation support for adults who want to quit tobacco, particularly in rural communities.²

The Surgeon General's 2020 Smoking Cessation report calls for expanding access to FDA-approved cessation medications and counseling across healthcare settings. Expanding pharmacists' prescriptive authority directly supports this evidence-based strategy by increasing access to proven cessation care.⁴

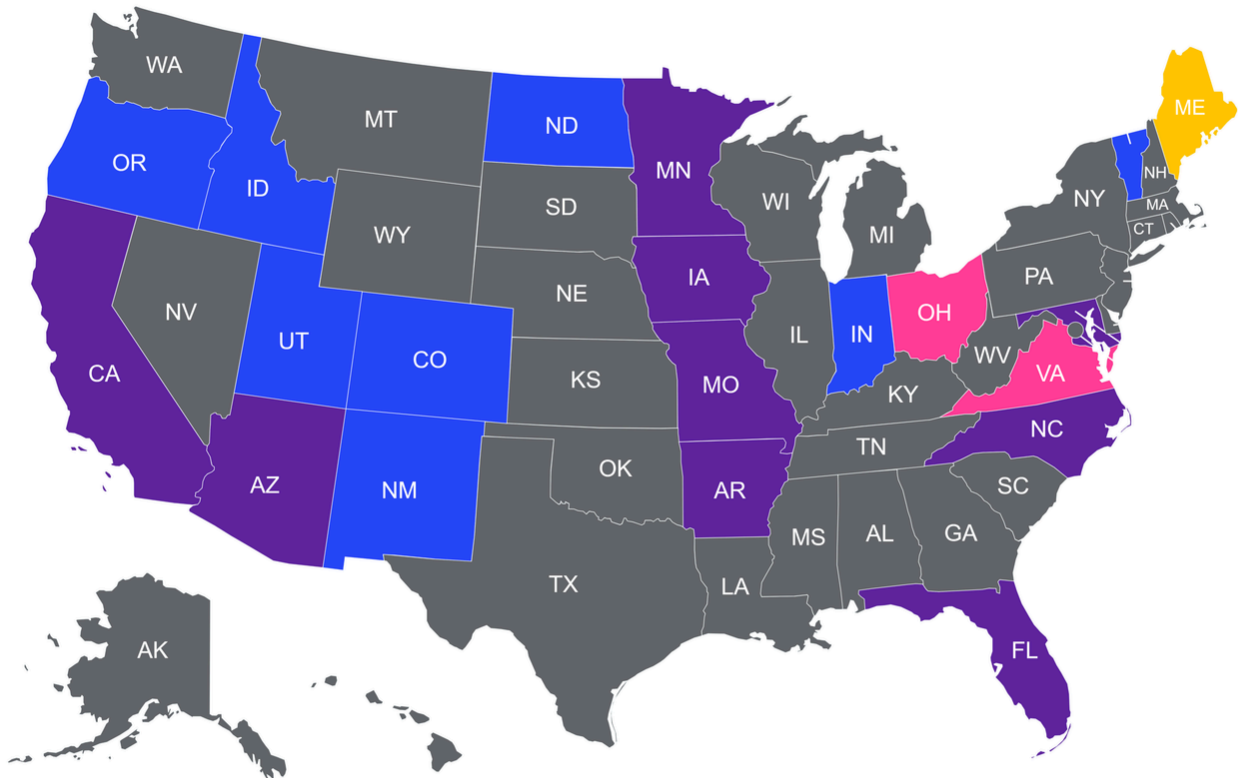
State Policy Spotlight: New Mexico



New Mexico was among the first states to allow pharmacists to provide tobacco cessation services, establishing a policy model that has been evaluated over time and shown to be effective.⁹ Studies found that 18%¹⁰ to 25%¹¹ of patients in New Mexico who received tobacco cessation services from pharmacists successfully quit smoking at six months, with outcomes comparable to those achieved by patients receiving cessation services from other clinicians.⁹ Access to pharmacists also helped reduce barriers to tobacco cessation services, reaching populations that often face access challenges, including non-White individuals and those with limited access to health care.¹¹

Pharmacist Authority to Prescribe FDA-Approved Cessation Medications in the U.S. as of March 2026

The U.S. Food and Drug Administration has approved seven tobacco cessation medications: five nicotine replacement therapy (NRT) products (patch, gum, lozenge, inhaler, and nasal spray) and two non-nicotine prescription medications (bupropion SR and varenicline).¹² As of October 2025, at least 20 states have enacted statutory or regulatory authority allowing pharmacists to prescribe NRT products to adults. Twelve of these states authorize pharmacists to prescribe all seven FDA-approved tobacco cessation medications to adults.^{13,14}



- 8 states allow pharmacists to prescribe seven FDA-approved cessation aids.
- 9 states allow pharmacists to prescribe five FDA-approved NRT products.
- 1 state allows pharmacists to prescribe three FDA-approved NRT products.
- 2 states allow limited pharmacist authority to provide NRT (requires protocol or prescriber approval)
- States that do not allow pharmacists to prescribe tobacco cessation aids.

Reimbursement for Pharmacists

Reimbursement for pharmacists' services related to providing FDA-approved cessation medications to adults varies widely by state and payer and remains a significant implementation challenge. Pharmacists often do not receive separate reimbursement for their clinical services, even when state law authorizes them to prescribe cessation medications. At the federal level, pharmacists are not recognized as Medicare Part B providers and therefore generally cannot independently bill tobacco cessation counseling Current Procedural Terminology (CPT) codes, making state Medicaid policy a key pathway for reimbursing pharmacist-provided cessation services. To address this barrier, some states have enacted policies that expand recognition of pharmacists as health care providers, through mechanisms such as provider status laws or Medicaid policy changes, allowing reimbursement through existing diagnostic, procedural, or CPT codes. State Medicaid programs in New Mexico¹⁶, Oregon¹⁷, Utah¹⁸, and Vermont¹⁹ have established pathways to reimburse pharmacists for providing cessation services to adult Medicaid enrollees who use tobacco products. Without adequate reimbursement mechanisms, pharmacists may be less likely to utilize their prescriptive authority to provide cessation medications, limiting the potential impact on tobacco cessation.

Tobacco Use Surcharges in Health Plans

Under current law, health plans in the individual and small-group markets may impose tobacco-use premium surcharges on individuals who use tobacco.²⁰ These premium increases can apply to individuals seeking cessation medications from their physicians or from pharmacists in states that authorize pharmacist-provided cessation care.^{21,22,23} Instead of helping people who smoke quit, tobacco surcharges may discourage them from maintaining their health insurance, limiting their ability to access treatment options.²⁴ States have the authority to limit or eliminate tobacco-use premium surcharges.²⁰ As of 2025, approximately a dozen states have done so, with California, Maine, Massachusetts, New Jersey, New Mexico, New York, Rhode Island, Vermont, and the District of Columbia prohibiting tobacco surcharges in the individual market.²⁰ In Washington State, health insurance carriers voluntarily elected not to apply tobacco-use surcharges for the 2026 plan year.²⁰

ACS CAN's Position

ACS CAN has long supported interventions aimed at increasing access to tobacco cessation and eliminating barriers for people who use tobacco. ACS CAN supports allowing pharmacists to prescribe FDA-approved cessation medications to adults who use tobacco products. Specifically, ACS CAN supports federal and state policies that:

- Authorize pharmacists to prescribe all FDA-approved cessation aids to adults who use tobacco
- Reimburse pharmacists for providing cessation counseling and/or prescribing cessation medications
- Ensure individuals are not required to pay out of pocket to access cessation medications at pharmacies
- Remove the tobacco surcharge levied by insurers

Pathways for Pharmacists to prescribe cessation medications³



Expanding Pharmacists' Scope of Practice – state law or regulation explicitly adds tobacco cessation prescribing to pharmacists scope of practice.



Issuing Statewide Standing Orders or Protocols – standing orders issued by a state health official or board allows pharmacists to prescribe cessation medications.



Requiring Pharmacists to Enter into a Collaborative Practice Agreement (CPA) – formal agreements with a licensed prescriber, such as a physician or nurse practitioner, that outline which FDA-approved cessation medications the pharmacist may prescribe or manage and under what conditions.

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