

# QUITWORKS

## Quick Guide to Pharmacotherapy in Tobacco Treatment

### NICOTINE REPLACEMENT (NRT)

Combining long-acting NRT (patch) with a short-acting NRT (gum, lozenge, or inhaler) is more effective than using a single type of NRT

### LONG-ACTING PRODUCTS

#### PATCH

21 mg, 14 mg, 7 mg	Dose:	1 patch every 24 hrs.	Duration:
	Start:	21 mg patch if $\geq 10$ cig/day 14 mg patch if $< 10$ cig/day	6-14 wks

### SHORT-ACTING PRODUCTS

#### GUM

2mg, 4 mg	Dose:	1 piece every 1-2 hrs.	Duration:
	Max:	24 pieces/day	6-14 wks

#### LOZENGE or MINI-LOZENGE

2mg, 4 mg	Dose:	1 lozenge every 1-2 hrs.	Duration:
	Max:	20 pieces/day	12 wks

#### NASAL SPRAY (Nicotrol® NS)

10 mg/ml	Dose:	1-2 doses per hr.	Duration:
	Max:	5 doses/hr or 40 doses/day	3-6 mos

#### INHALER (Nicotrol® Inhaler)

	Dose:	6-16 cartridges/day	Duration:
	Max:	16 cartridges/day	3-6 mos

### BUPROPION SR (Zyban®/ Wellbutrin SR®)

May be combined with nicotine replacement

150 mg tablets	Dose:	150 mg once per day (days 1-3) 150 mg twice per day (day 4+)	Duration:
	Max:	300 mg/day	12 wks*

### VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets	Dose:	Starting Month Pak = 0.5 mg once per day (days 1-3) 0.5 mg twice per day (days 4-7) 1 mg twice per day (days 8+) Continuing Month Pak = 1 mg twice per day	Duration:
	Max:	2 mg/day	12 wks*

\* If quit at 12 wks, consider 12 more weeks of drug

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, April 2009. Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. This chart is provided by the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program.

## 5A Tobacco Intervention

### ASK ABOUT TOBACCO USE AT EVERY VISIT

- ✓ Implement an office system that ensures that, for every patient at every visit, tobacco-use status is queried and documented.

### ADVISE ALL TOBACCO USERS TO QUIT

- ✓ “I strongly advise you to quit smoking and I can help you.”

### ASSESS READINESS TO QUIT

- ✓ Ask every tobacco user if s/he is willing to make a quit attempt at this time:
  - If willing to quit, provide assistance (see below).
  - If unwilling to quit, provide motivational intervention.

### ASSIST TOBACCO USERS IN QUITTING

- ✓ Provide brief counseling:
  - Reasons to quit
  - Barriers to quitting
  - Lessons from past quit attempts
  - Set a quit date, if ready
  - Enlist social support.
- ✓ Recommend use of combination or single pharmacotherapy (patch, gum, lozenge, nasal spray, inhaler, bupropion, or varenicline) unless contraindicated.
- ✓ Be aware of insurance coverage. MassHealth covers all FDA-approved medications. Many health plans cover some or all medications.
- ✓ Provide supplementary educational materials.

### ARRANGE FOLLOW-UP

- ✓ Refer to QuitWorks: fax consent signed by patient to 1-866-560-9113 for proactive call to assess and arrange treatment.
- ✓ At subsequent visit, review patient follow-up report from QuitWorks. Congratulate success, encourage maintenance.
- ✓ If tobacco use has occurred:
  - Ask for recommitment to total abstinence
  - Review circumstances that caused lapse
  - Use lapse as a learning experience
  - Assess pharmacotherapy use and problems.
- ✓ Consider referral to more intensive treatment.

**For More Information:**  
**1-800-QUIT-NOW (1-800-784-8669)**  
**Visit [www.quitworks.org](http://www.quitworks.org)**



**Make smoking history.**

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