

## 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

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

##### GUM

2 mg, 4 mg	Dose MAX:	1 piece every 1-2 hrs. 24 pieces/day	Duration: 6-14 wks.
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##### LOZENGE or MINI-LOZENGE

2 mg, 4 mg	Dose: MAX:	1 lozenge every 1-2 hrs. 20 pieces/day	Duration: 12 wks.
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##### NASAL SPRAY (Nicotrol® NS)

10 mg/ml	Dose: MAX:	1-2 doses per hr. 5 doses/hour or 40 doses/day	Duration: 3-6 mos.
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##### INHALER (Nicotrol® Inhaler)

	Dose: MAX:	6-16 cartridges/day 16 cartridges/day	Duration: 3-6 mos.
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##### BUPROPION SR (Zyban®/ Wellbutrin SR®)

*May be combined with nicotine replacement.*

150 mg tablets	Dose  MAX:	150 mg once per day (days 1-3) 150 mg twice per day (day 4+) 300 mg/day	Duration: 12 wks. <i>(If quit at 12 wks, consider 12 more weeks of drug)</i>
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##### VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets	Dose:    MAX:	<i>Starting Month Pack =</i> 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+) <i>Continuing Month Pack =</i> 1 mg twice per day 2 mg/day	Duration: 12 wks. <i>(If quit at 12 wks, consider 12 more weeks of drug)</i>
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## 2As & R Brief 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.

### 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.
- ✓ Provide supplementary educational materials.

### REFER

- ✓ Refer to QuitWorks-NH: 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-NH. 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**  
**Visit [www.QuitWorksNH.org](http://www.QuitWorksNH.org)**

Source: Massachusetts Department of Health 2011; 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. For insurance benefit information, the patient will need to contact his/her insurer directly.*