

## 1. ASK

Have you used any form of tobacco in the past 30 days?

## 2. ADVISE

As your pharmacist, I strongly advise you to quit or reduce your smoking as it is the most important thing you can do for your health, and I can help you.

## 3. ACT (assess, assist, arrange)

- 1) Pharmacotherapy + Counselling
- 2) Reduce to Quit + Counselling
- 3) Motivational Interviewing

### Pharmacotherapy + Counselling

#### 1. How many cigarettes do you smoke per day?

- <10     10 - 19     20-29  
 30-39     40+

#### 2. How soon after waking do you have your first cigarette?

- < 5 Minutes - highly addicted  
 < 30 Minutes  
 > 30 Minutes

### Motivational Interviewing

Explore the 5Rs using reflective listening:

**Relevance:** Why is quitting relevant to health, family, social situation?

**Rewards:** Potential benefits of quitting - health, money, taste & smell

**Risk:** Acute (shortness of breath), chronic (CVD, Cancer, COPD)

**Roadblocks:** Withdrawal symptoms, fear of failure, weight gain

**Repetition:** Repeat MI every time the patient visits the clinic

### Reduce to Quit + Counselling

#### Step 1: (0-6 weeks)

Set target number of cigarettes per day to cut down, and a date to achieve it by. Use nicotine replacement therapy (NRT) to manage cravings.

Target should be a minimum 50% reduction.

#### Step 2: (6 weeks - 6 months)

Continue to cut down cigarettes using NRT. Goal should be complete stop by 6 months.

#### Step 3: (within 9 months)

Stop all cigarettes and continue to use NRT to relieve cravings.

#### Step 4: (within 12 months)

Cut down the amount of NRT used, then stop NRT use completely when patient is ready.

\*Note - Some patients may require NRT for longer periods - this is less harmful compared to smoking

### Choose pharmacotherapy based on:

1. Evidence/Efficacy
2. Clinical suitability (medical conditions, contraindications, addiction level)
3. Potential drug interactions
4. Patient preferences, history, needs (dexterity, coverage)

### Precautions and Contraindications (\*highlights - list not exhaustive)

Bupropion (Zyban®) Contraindications	Varenicline (Champix®) Contraindications	NRT Precautions
<ul style="list-style-type: none"> <li><input type="checkbox"/> Presently taking bupropion/Zyban® /Wellbutrin®</li> <li><input type="checkbox"/> Current seizure disorder or history of seizures</li> <li><input type="checkbox"/> Bulimia or anorexia nervosa</li> <li><input type="checkbox"/> Undergoing abrupt withdrawal from alcohol or benzo or other sedatives</li> <li><input type="checkbox"/> Currently taking either monoamine oxidase (MAO) inhibitors or thioridazine</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hypersensitivity to varenicline</li> <li><input type="checkbox"/> Pregnant, breast feeding or planned pregnancy</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dentures/TMJ/Partial/Crown (avoid NRT gum)</li> <li><input type="checkbox"/> Allergy to adhesive - NRT patch (consider once a day antihistamine or corticosteroid spray applied topically to manage symptoms)</li> <li><input type="checkbox"/> Remove NRT patch before intense exercise</li> </ul>
<h4>Precautions</h4> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of head trauma</li> <li><input type="checkbox"/> Central nervous system (CNS) tumour</li> <li><input type="checkbox"/> The presence of severe hepatic impairment</li> <li><input type="checkbox"/> Excessive use of alcohol; addiction to opiates, cocaine, or stimulants</li> <li><input type="checkbox"/> Use of concomitant medications that lower seizure threshold, including but not limited to: antipsychotics, antidepressants, lithium, amantadine, theophylline, systemic steroids, quinolone antibiotics, antimalarials</li> <li><input type="checkbox"/> Pregnant, breast feeding or planned pregnancy</li> <li><input type="checkbox"/> Potential for reduced efficacy of tamoxifen</li> </ul>	<h4>Precautions</h4> <ul style="list-style-type: none"> <li><input type="checkbox"/> Increased intoxicating effects of alcohol</li> <li><input type="checkbox"/> History of nausea/vomiting in past 2 months</li> <li><input type="checkbox"/> History of renal failure</li> <li><input type="checkbox"/> Severe renal impairment + cimetidine, trimethoprim, ranitidine or levofloxacin should be avoided</li> </ul>	
<h4>Precautions Overall</h4> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinicians should be aware of the possible emergence of serious neuropsychiatric symptoms in patients attempting to quit smoking, with or without treatment</li> </ul>		

# Pharmacist Smoking Cessation Pharmacotherapy Algorithm

## 1st Line Treatment Options

### □ Nicotine Replacement Therapy (12-24 weeks)

	< 10 cigs/day	10-19 cigs/day	20-29 cigs/day	30-39 cigs/day	40+ cigs/day
<b>Patch</b>	□ 7mg Patch	□ 14mg Patch	□ 21mg Patch	□ 28mg Patch (21mg + 7mg)	□ 42mg Patch (21mg X 2) or higher*
<b>If time to first cig is &lt;30 mins after waking, consider higher dose NRT</b>	□ 14mg Patch	□ 21mg Patch	□ 28mg Patch (21mg + 7mg)	□ 35mg Patch (21mg + 14mg)	□ _____
<b>Plus**</b>					
<b>Short Acting NRT</b>	□ Mouth Spray □ 2mg Gum □ 2mg Lozenge □ Inhaler	□ Mouth Spray □ 2mg Gum □ 2mg Lozenge □ Inhaler	□ Mouth Spray □ 4mg Gum □ 4mg Lozenge □ Inhaler	□ Mouth Spray □ 4mg Gum □ 4mg Lozenge □ Inhaler	□ Mouth Spray □ 4mg Gum □ 4mg Lozenge □ Inhaler

□ Short-acting NRT - may be used in combination as different types can be used for different breakthrough situations

- 24 hour patch may be removed before sleeping and used for 16 hours only if patient experiences vivid dreams or insomnia
- One cigarette delivers 1-2mg of nicotine. An individual's NRT dosing may be affected by differences in absorption and metabolism

\*Patch maximum is 84mg per day (21mg x 4)

\*\*Combination therapy provides the best statistical odds of quitting, however, monotherapy may be most appropriate for some patients.

### If patient is still smoking 1-4 weeks post quit date

<5 cigs/day	6-9 cigs/day	10+ cigs/day
□ Add a 7mg Patch to current dose	□ Add a 14mg Patch to current dose	□ Add a 21mg Patch to current dose*
□ Choose short-acting NRT for breakthrough cravings as needed		

### □ Varenicline

<b>Days 1-3</b>	□ 0.5 mg once/day (in the morning)
<b>Days 4-7</b>	□ 0.5mg BID
<b>Day 8-12 weeks</b>	□ 0.5mg - 1mg BID (titrate appropriately)

#### Varenicline Treatment Approaches

<b>Fixed Quit Date:</b>	<ul style="list-style-type: none"> <li>• Patient sets a date to stop smoking</li> <li>• Dose should start 1-2 weeks before this date</li> </ul>
<b>Flexible Quit:</b>	<ul style="list-style-type: none"> <li>• Patient begins Varenicline and then quits between day 8 and 35 of treatment (between weeks 2 and 5)</li> </ul>
<b>Gradual Quit</b>	<ul style="list-style-type: none"> <li>• Patient should gradually reduce smoking to reach 100% cigarette free by 12 weeks</li> <li>• 50% reduction by 4 weeks of treatment, 75% by 8 weeks to reach 100% by 12 weeks</li> <li>• Patients should be treated with Varenicline for 24 weeks with this approach</li> </ul>

### □ Bupropion SR

<b>Days 1-3</b>	□ 150mg daily (in the morning)
<b>Day 4-12 weeks</b>	□ 150mg BID
<ul style="list-style-type: none"> <li>□ Start 1-2 weeks prior to quit date</li> <li>□ Dosage adjustment to 150mg once daily suggested for diabetes treated with oral hypoglycemics or insulin, hepatic/renal insufficiency and the elderly</li> </ul>	

#### Patient Discussion Checklist

- Provide guidance on using medication or device
- Discuss potential for changes in mood related to quitting smoking
- Advise patient on how to prepare for their start date whether they are reducing or stopping to quit
- Discuss smoking routines and triggers and identified strategies for managing cravings
- Remind patient they will need to reduce their caffeine intake by 50% if they consume more than 5 cups per day
- Current medication doses may need to be adjusted once patient becomes smoke-free (eg. insulin, theophylline, warfarin)

## 3rd Line Alternative Treatment Options

### 2nd Line Treatment Combination Options

<b>□ Varenicline + NRT</b> Varenicline - Same dosing as first line NRT - Different doses over 12 weeks
<b>OR</b>
<b>□ Bupropion SR + NRT</b> Bupropion + NRT short-acting and/or NRT patch *monitor blood pressure
<b>OR</b>
<b>□ Bupropion SR + Varenicline</b> Varenicline - Same dosing as 1st line Bupropion - Same dosing as 1st line

Treatment	Dosing	Evidence
□ <b>Clonidine</b>	PO administration: 0.1 mg qDay; increase by 0.1 mg/day to 0.15-0.75 mg/day if required TD administration: 100-200 mcg/day patch q7Days	There is insufficient evidence to recommend using this medication for smoking cessation
□ <b>Cytisine (Cravv®)</b>	<b>Day 1-3:</b> 1 capsule 6 times daily every 2 hrs. with a corresponding reduction of the number of cigarettes smoked for the first 3 days <b>Day 4-12:</b> 1 capsule every 2.5hrs - 5 capsules daily <b>Day 13-16:</b> 1 capsule every 3hrs - 4 capsules daily <b>Day 17-20:</b> 1 capsule every 5hrs - 3 capsules daily <b>Day 21-25:</b> 1 to 2 capsules daily * Smoking cessation should occur by the 5th day after the initiation of treatment.	May improve smoking cessation rates at 6 and 12 months compared to placebo
□ <b>Nortriptyline</b>	In smoking cessation trials, the typical dose used is 75-100 mg/day- titrate dose 10-28 days prior to quit date; continue therapy for 12 weeks or more after quit date	May improve smoking cessation rates at 6 and 12 months compared to placebo