

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.

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

3. ACT (assess, assist, arrange)

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

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 (med. 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"> <input type="checkbox"/> Presently taking bupropion/Zyban® /Wellbutin® <input type="checkbox"/> Current seizure disorder or history of seizures <input type="checkbox"/> Bulimia or anorexia nervosa <input type="checkbox"/> Undergoing abrupt withdrawal from alcohol or benzo or other sedatives <input type="checkbox"/> Currently taking either monoamine oxidase (MAO) inhibitors or thioridazine <input type="checkbox"/> Pregnant, breast feeding or planned pregnancy 	<ul style="list-style-type: none"> <input type="checkbox"/> Hypersensitivity to varenicline <input type="checkbox"/> Pregnant, breast feeding or planned pregnancy 	<ul style="list-style-type: none"> <input type="checkbox"/> Dentures/TMJ/Partial/Crown (avoid NRT gum) <input type="checkbox"/> Allergy to adhesive - NRT patch (consider once a day antihistamine or corticosteroid spray applied topically to manage symptoms)
Precautions	Precautions	
<ul style="list-style-type: none"> <input type="checkbox"/> History of head trauma <input type="checkbox"/> Central nervous system (CNS) tumour <input type="checkbox"/> The presence of severe hepatic impairment <input type="checkbox"/> Excessive use of alcohol; addiction to opiates, cocaine, or stimulants <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, anti-malarials. <input type="checkbox"/> Potential for reduced efficacy of tamoxifen 	<ul style="list-style-type: none"> <input type="checkbox"/> Increased intoxicating effects of alcohol <input type="checkbox"/> History of nausea/vomiting in past 2 months <input type="checkbox"/> History of renal failure <input type="checkbox"/> Severe renal impairment + cimetidine, trimethoprim, ranitidine or levofloxacin should be avoided 	
Precautions Overall		
<ul style="list-style-type: none"> <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. 		

Pharmacist Smoking Cessation Pharmacotherapy Algorithm

1st Line Treatment Options

☐ Nicotine Replacement Therapy

	< 10 cigs/day	10-19 cigs/day	20-29 cigs/day	30-39 cigs/day	40+ cigs/day
Patch	☐ 7mg Patch	☐ 14mg Patch	☐ 21mg Patch	☐ 28mg Patch (21mg + 7mg)	☐ 42mg Patch (21mg X 2) or higher*
If time to first cig is <30 mins after waking, consider higher dose NRT	☐ 14mg Patch	☐ 21mg Patch	☐ 28mg Patch (21mg + 7mg)	☐ 35mg Patch (21mg + 14mg)	☐ _____
Plus**					
Short Acting NRT	☐ 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

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

Varenicline Treatment Approaches

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

☐ Bupropion

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

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 etc)

3rd Line Alternative Treatment Options

2nd Line Treatment Combination Options

☐ Varenicline + NRT
Varenicline - Same dosing as first line
NRT - Different doses over 12 weeks
OR
☐ Bupropion SR + NRT
Bupropion + NRT short-acting and/or NRT patch
Note: Blood pressure should be monitored
OR
☐ Bupropion SR + Varenicline
Varenicline - Same dosing as 1st line
Bupropion - Same dosing as 1st line

Treatment	Dosing	Evidence
☐ Clonidine	Use either patch or pill at doses of 0.1 - 0.45mg/day	There is insufficient evidence to recommend using this medication for smoking cessation
☐ Cytisine	Day 1-3: 1 capsule 6 times daily every 2 hrs. with a corresponding reduction of the number of cigarettes smoked for the first 3 days Day 4-12: 1 capsule every 2.5hrs - 5 capsules daily Day 13-16: 1 capsule every 3hrs - 4 capsules daily Day 17-20: 1 capsule every 5hrs - 3 capsules daily Day 21-25: 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
☐ Nortriptyline	In smoking cessation trials, the typical dose used is 75-150mg/day	May improve smoking cessation rates at 6 and 12 months compared to placebo

Therapeutic Options:

1. Ling J. Therapeutic Options; Focus on Smoking Cessation. Ontario Pharmacist Volume 78 / Issue 3 / November–December 2014 Supplement

CAN-ADAPTT:

1. CAN-ADAPTT Canadian Smoking Cessation Clinical Practice Guidelines Pharmacotherapy section. Toronto: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice- Informed Tobacco Treatment, Centre for Addiction and Mental Health, 2012.
2. CAN-ADAPTT Algorithm for tailoring pharmacotherapy <https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf>
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OMSC:

1. Sophia Papadakis et al Tobacco Treatment Delivery in Primary Care Practice: Evaluation of the Ottawa Model for Smoking Cessation Ann Fam Med 2016 May; 14(3): 235–243.
2. Ottawa Model of Smoking Cessation Quit Consult Form <https://ottawamodel.ottawaheart.ca/products-and-services>

Up to Date Pharmacotherapy for smoking cessation in adults:

<https://www.uptodate.com/contents/overview-of-smoking-cessation-management-in-adults?source=autocomplete&index=0~2&search=smoking%20cessation%20phar>

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Product Monographs:

- Zyban (bupropion) https://pdf.hres.ca/dpd_pm/00036009.PDF
- Champix (varenicline) https://pdf.hres.ca/dpd_pm/00050758.PDF

Product Licenses:

- Nicoderm <http://www.canadianhealthcarenetwork.ca/microsites/nicorette/pdfs/NICORETTE%20Lozenge%202%20mg%20Health%20Canada%20Natural%20Product%20License%20-%20August%202011,%202011.pdf>

2. Nicorette
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5. <http://www.ncbi.nlm.nih.gov/pubmed/19351781%20>
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