

1. ASK¹

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

2. ADVISE¹⁸

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)²

- 1) Pharmacotherapy + Counselling³
- 2) Reduce to Quit + Counselling
- 3) Motivational Interviewing

Motivational Interviewing

Explore the 5Rs using reflective listening:³

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

Pharmacotherapy + Counselling

1. How many cigarettes do you smoke per day?⁴

<10 10 - 19 20-29

30-39 40+

2. How soon after waking do you have your first cigarette?⁵

< 5 Minutes - highly addicted

≤ 30 Minutes

> 30 Minutes

Reduce to Quit + Counselling³

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 smoking⁶

Choose pharmacotherapy based on¹⁸:

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)¹⁸

Bupropion (Zyban®) Contraindications	Varenicline (Champix®) Contraindications	NRT Precautions
<ul style="list-style-type: none"> <input type="checkbox"/> Presently taking bupropion/Zyban® /Wellbutrin® <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 	<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)⁴ <input type="checkbox"/> Allergy to adhesive - NRT patch (consider once a day antihistamine or corticosteroid spray applied topically to manage symptoms)⁷ <input type="checkbox"/> Remove NRT patch before intense exercise
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, antimalarials <input type="checkbox"/> Pregnant, breast feeding or planned pregnancy <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 treatment⁸ 		

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
Patch⁴	□ 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^{4*}					
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 situations¹⁸

□ 24 hour patch may be removed before sleeping and used for 16 hours only if patient experiences vivid dreams or insomnia³

□ One cigarette delivers 1-2mg of nicotine. An individual's NRT dosing may be affected by differences in absorption and metabolism⁹

*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.¹⁰

If patient is still smoking 1-4 weeks post quit date³

≤ 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		

□ Varenicline³

Days 1-3	□ 0.5 mg once/day (in the morning)
Days 4-7	□ 0.5mg BID
12-24 weeks	□ 0.5mg - 1mg BID (titrate appropriately)

Varenicline Treatment Approaches

Fixed Quit Date¹²:	<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 should gradually reduce smoking to reach 100% cigarette free by 12 weeks • 50% reduction by 4 weeks of treatment, 75% by 8 weeks to reach 100% by 12 weeks • Patients should be treated with Varenicline for 24 weeks with this approach

□ Bupropion SR³

Days 1-3	□ 150mg daily (in the morning)
Day 4-12 weeks	□ 150mg BID
<ul style="list-style-type: none"> □ Start 1-2 weeks prior to quit date □ Strong inhibitor of CYP2D6 - check for drug interactions¹¹ 	

Patient Discussion Checklist

- Provide guidance on using medication or device¹⁸
- Discuss potential for changes in mood related to quitting smoking⁸
- 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 day¹³
- Current medication doses may need to be adjusted once patient becomes smoke-free (eg. insulin, theophylline, warfarin)¹⁴

3rd Line Alternative Treatment Options³

2nd Line Treatment Combination Options³

□ 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
*monitor blood pressure
OR
□ Bupropion SR + Varenicline
Varenicline - Same dosing as 1st line
Bupropion - Same dosing as 1st line

Treatment	Dosing	Evidence
□ Cytisine (Cravv[®])	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 ¹⁶
□ Clonidine	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 ¹⁵	There is insufficient evidence to recommend using this medication for smoking cessation
□ Nortriptyline	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 ¹⁷	May improve smoking cessation rates at 6 and 12 months compared to placebo