

**Treating the Tobacco
Dependent Patient:
Interventions That Work**

**Satellite Conference and Live Webcast
Wednesday, March 11, 2015
12:00 – 1:30 pm Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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**Prescribe
Cessation Medications**

Barriers to Quitting

- Quitting smoking is a challenge
- Smoking creates nicotine dependence
- Withdrawal symptoms arise by stopping smoking
 - Cravings, anxiety, insomnia, headache, depression, difficulty concentrating, increased appetite

Barriers to Quitting

- Withdrawal symptoms last from days to weeks
- Risk of weight gain as a barrier to quit smoking

Benefits of Quitting

- Reduce risk of the following
 - Lung Cancer
 - Heart Disease
 - Stroke
 - COPD / Emphysema

Prescribe

- **Why prescribe cessation medications**
 - More effective than placebo alone, and substantially enhances behavioral treatment
 - Helps reduce feelings of withdrawal and cravings
 - Delivers a safer source of nicotine than tobacco (products containing nicotine)

Tools for Quitting

- **Nicotine Replacement Products**
 - OTC
 - Gum
 - Lozenges
 - Patches
 - Prescription Only
 - Inhaler
 - Nasal spray

Tools for Quitting

- **Non - nicotine Based Products - prescription only**
 - Varenicline Tartrate (Chantix®)
 - Bupropion (Zyban®)

Nicotine Replacement Products

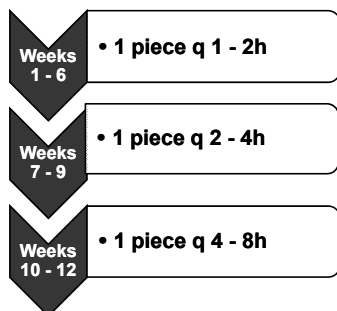
Precautions of Nicotine Replacement Products

- **Recent myocardial infarction (≤ 2 weeks)**
- **Serious, life - threatening arrhythmias**
- **Serious or worsening angina pectoris**
- **Pregnancy and breastfeeding**

Summary of OTC Nicotine Replacement Therapy

	GUM	LOZENGES	PATCHES
Strengths (mg)	2, 4	2, 4	21-14-7
Side Effects	Hiccups, dyspepsia, lightheadedness, nausea, vomiting	Hiccups, nausea, heartburn, cough, headache	Dermatologic issues (erythema, pruritus, etc.), vivid dreams, headache
Duration of Therapy	12 weeks	12 weeks	8-10 weeks
Generic Availability	Yes	yes	Yes

Gum / Lozenge Administration Dosing Schedule



Gum / Lozenge Administration

- Initial dose based on smoking habit prior to quit attempt:
 - Gum
 - 2mg if < 25 cigarettes / day
 - 4mg if ≥ 25 cigarettes / day

Gum / Lozenge Administration

- Initial dose based on smoking habit prior to quit attempt:
 - Lozenge
 - 4mg if patient smokes first cigarette w/in 30 min of waking
 - 2mg if first cigarette smoked >30 min after waking

Gum / Lozenge Administration Things to Remember

- Gum: “Chew - Tingle - Park”
- Lozenge: Dissolve for 20 - 30 minutes (side - to side); do not chew / swallow
- No food / drink 15 minutes prior to or while gum / lozenge is in use

Gum / Lozenge Administration Things to Remember

- Excessive use could cause
 - Heartburn
 - Nausea
 - Hiccups

Gum

- Advantages
 - Oral substitute for tobacco
 - Delays weight gain
 - Titrated to prevent withdrawal
 - Used in combination with other products to manage cravings

Gum

- Disadvantages
 - Frequent dosing
 - Problematic in dental work
 - Efficient chewing technique required to prevent ADRs
 - Chewing gum seems unprofessional

Lozenge

- Advantages
 - Oral substitute for tobacco
 - Delays weight gain
 - Titrated to prevent withdrawal
 - Used in combination with other products to manage cravings

Lozenge

- Disadvantages
 - Frequent dosing
 - ADRs such as, nausea, hiccups, and heartburn

Patch Administration

- Administration is product specific, but generally:
 - 3 Step Schedule (lower daily dose at each successive step)



Patch Administration

- Patients smoking <10 cigarettes per day should start at Step 2 and remain at this step for 6 weeks then continue to the last step
- Apply patch for 16 or 24 hours per day

Patch Administration

- Initial adjustments dictated by side - effects and / or severity of withdrawal symptoms
- Concomitant use of certain medications (i.e. cimetidine) will necessitate a dose adjustment

Transdermal Patch

- **Advantages**
 - Once daily dosing
 - Can be used in combination with other products
 - Consistently provides nicotine over 24 hours

Transdermal Patch

- **Disadvantages**
 - Cannot be titrated easily to manage acute withdrawal
 - Contraindicated in patients with skin conditions like psoriasis, eczema and dermatitis

Summary of Prescription Strength Nicotine Replacement Products

	INHALER	NASAL SPRAY
Strengths (mg)	10 mg cartridge	10 (per ml)
Side Effects	Headache, oral cavity irritation, heartburn, cough, rhinitis, hiccups	Rhinitis, sneezing, cough, headache, nasal irritation
Duration of Therapy	3-6 months	3 months
Generic Availability	No	No

Inhaler Administration

- **Daily dose**
 - Initial: 6 - 16 cartridges (24 - 64mg) x 12 weeks
 - **Continuous puffing for 20 minutes per use shown to yield best results**
 - Max: 16 cartridges per day

Inhaler Administration

- Titration: Reduce daily dose gradually over 6 - 12 weeks following initial 12 weeks
- **Not to be used beyond 6 months**

Inhaler

- **Advantages**
 - Oral substitute for tobacco
 - Easy titration to manage withdrawal
 - Mimics hand - mouth technique of smoking
 - Can be used in combination with other products

Inhaler

- Disadvantages
 - Frequent dosing
 - Cartridges are not much effective in cold weather
 - Caution in patients with bronchospastic disease due to risk of airway irritation

Nasal Spray Administration

- 1 spray / nostril 1 - 2 times / hour prn
 - Initial: ≥ 8 times/day
 - Max: 5 doses (10 sprays) / hour; 40 doses / day

Nasal Spray

- Advantages
 - Easy titration to manage withdrawal
 - Can be used in combination with other products

Nasal Spray

- Disadvantages
 - Frequent dosing requirement
 - Can cause nasal irritation
 - Contraindicated in patients with chronic nasal or severe airway disease

Non-nicotine Based Products

Summary of Non-nicotine Based Products

	Varenicline	Bupropion
Strengths (mg)	0.5, 1	150 sustained release
Side Effects	N/v, flatulence, headache, insomnia, vivid dreams, suicidal ideation, unusual behavior	Tachycardia, headache, insomnia, constipation, nausea, suicidal ideation
Duration of Therapy	12-24 weeks	7-12 weeks
Generic Availability	No	Yes

Varenicline Tartrate (Chantix®)

- MOA = Partial agonist at nicotinic receptors

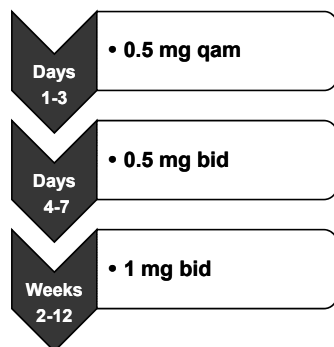


- In the absence of nicotine, varenicline provides minimal nicotine effects to ease withdrawal symptoms

Varenicline Tartrate (Chantix®)

- Varenicline competitively blocks action of nicotine if patient continues to smoke
- Warnings
 - Renal impairment dose adjustments
 - Black Box warning for CNS symptoms

Varenicline Administration



Varenicline Administration

- Initiate therapy 1 week before quit date
- Take after eating with a full glass of water
- Dose adjust in renal impairment (CrCl <30 ml/min)
- Duration of therapy: 12 weeks
 - Additional 12 weeks is appropriate to maintain success

Varenicline

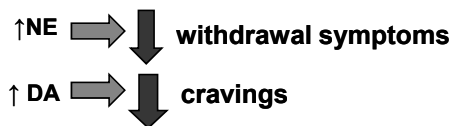
- Advantages
 - Twice daily dosing improves adherence
 - Different mechanism of action beneficial for patients who have failure with other treatment

Varenicline

- Disadvantages
 - Should be taken with food or glass of water to prevent nausea
 - Requires close monitoring due to associated CNS symptoms
 - Use in < 18 YOA

Bupropion (Zyban®)

- MOA (theoretical) = Inhibition of NT uptake



Bupropion (Zyban®)

- Warnings
 - Suicidal ideation (black box warning)
 - CNS effects (black box warning)
 - Seizure potential
 - Hepatic impairment dose adjustments

Bupropion (Zyban®)

- Contraindicated in bulimia or anorexia nervosa
- Contraindicated with MAOI

Bupropion Administration

- Dosing Regimen
 - Initial dose: 150 mg qam X 3 days
 - Maintenance dose: 150 mg bid
 - Max dose: 300 mg/day
- Dose adjustments required in renal or hepatic impairment

Bupropion Administration

- Initiate therapy 1 - 2 weeks prior to quit date and continue for 7 - 12 weeks
 - Maintenance therapy of 300 mg X 6 months is effective
- Avoid more than 1 dose within 8 hours
- Do not take at bedtime due to possible insomnia

Bupropion

- Advantages
 - Twice daily dosing improves adherence
 - Delays weight gain
 - Beneficial with concomitant depression
 - Can be used in combination with other nicotine products

Bupropion

- Disadvantages
 - Increases risk of seizure
 - Several warnings and precautions
 - Close monitoring is required due to the risk of CNS effect

Medicaid Rx Benefit

- As of January 1, 2014, Alabama Medicaid covers ALL nicotine replacement products

PA Form 470

PA Form 470

- Prior Authorization form and AL Quitline referral form must be faxed to Health Information Designs **AND**
- The AL Quitline referral form should also be faxed to the Quitline vendor

PA Form 470

- Form is available on the Alabama Medicaid website
 - Pharmacy Services / DME page, and
 - www.quitnowalabama.com
 - Click on Medicaid postcard image

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