

Smoking Cessation

**Satellite Conference and Live Webcast
Tuesday, September 11, 2012
3:00 – 4:00 p.m. Central Time**

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

Faculty

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Benefits of Quitting

- **Reduce risk of the following:**
 - Lung cancer
 - Heart disease
 - Stroke
 - COPD/Emphysema

Tools for Quitting

- **Nicotine replacement products**
 - Over the counter
 - Gum
 - Lozenges
 - Patches

Tools for Quitting

- Prescription only
 - Inhaler
 - Nasal spray
- Non-nicotine based products – prescription only
 - Varenicline Tartrate (Chantix®)
 - Bupropion (Zyban®)

Nicotine Replacement Products

Gum/Lozenge Administration Dosing Schedule

Weeks 1-6	• 1 piece q 1-2 hours
Weeks 7-9	• 1 piece q 2-4 hours
Weeks 10-12	• 1 piece q 4-8 hours

Gum/Lozenge Administration

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

Gum/Lozenge Administration

- Lozenge
 - 4mg if patient smokes first cigarette within 30 minutes of waking
 - 2mg if first cigarette smoked >30 minutes 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

- Excessive use could cause
 - Heartburn
 - Nausea
 - Hiccups

Patch Administration

- Administration is product specific, but generally:
 - 3 step schedule
 - Lower daily dose at each successive step
 - Patients smoking <10 cigarettes / day should start at Step 2 and remain at this step for 6 weeks then continue to the last step

Patch Administration



Patch Administration

- Apply patch for 16 or 24 hours / day
- Initial adjustments dictated by side-effects and / or severity of withdrawal symptoms
- Concomittant use of certain medications (i.e. cimetidine) will necessitate a dose adjustment

Summary of OTC Nicotine Replacement Therapy

	Gum	Lozenges	Patches
Strengths (mg)	2, 4	2, 4	21-14-7 or 15-10-5
Side Effects	Harm to dental work, GI irritation	Hiccups, heartburn, cough	Dermatologic issues (erythema, pruritus, etc.)
Duration of Therapy	12 weeks	12 weeks	8-10 weeks
Generic Availability	Yes	No	Yes

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

Inhaler Administration

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

Nasal Spray Administration

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

Summary of Prescription Strength Nicotine Replacement Products

	Inhaler	Nasal Spray
Strengths (mg)	10	10 (per ml)
Side Effects	Headache, oral cavity irritation, heartburn, cough, rhinitis	Dependence, headache, nasal irritation
Duration of Therapy	3-6 months	3 months
Generic Availability	No	No

Non-nicotine Based Products

Varenicline Tartrate (Chantix®)

- MOA = partial agonist at nicotinic receptors



Varenicline Tartrate (Chantix®)

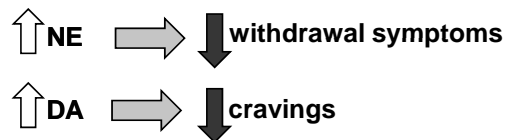
- In the absence of nicotine, varenicline provides minimal nicotine effects to ease withdrawal symptoms
- Varenicline competitively blocks action of nicotine if patient continues to smoke

Varenicline Tartrate (Chantix®)

- Warnings
- Renal impairment dose adjustments

Bupropion (Zyban®)

- MOA (theoretical) = Inhibition of NT uptake



Bupropion (Zyban®)

- **Warnings**
 - Suicidal ideation
 - **Black box warning**
 - Seizure potential
 - Hepatic impairment dose adjustments

Summary of Non-nicotine Based Products

	Varenicline	Bupropion
Strengths (mg)	0.5, 1	150
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

Contraceptive Considerations

- **Risks linked to birth control**
 - DVT
 - Stroke
 - MI

Contraceptive Considerations

- **Factors that increase a patient's risk**
 - Age ≥ 35 plus smoking 15 / more cigarettes daily
 - Increased risk of CVD due to DM, HBP, high cholesterol
 - **Smokers with these risk factors are limited in their contraceptive options**

Smoking While Pregnant

- **Effects on mother**
 - Problems conceiving
 - Miscarriage
 - Placental rupture
 - **Bleeding**
 - Poor health outcomes
 - **Cancer**
 - **Heart disease**

Smoking While Pregnant

- **Effects on baby**
 - Placental rupture
 - **Nutritional deficits**
 - **Oxygen depletion**

Smoking While Pregnant

- Premature birth
 - Low birth weight
 - Illness-prone
 - SIDS
- Birth defects
 - Cleft lip / palate

Tobacco Products

- Traditional
 - Cigarettes
 - Cigars
 - Pipes

Tobacco Products

- Smokeless
 - Loose leaf chewing tobacco
 - Moist plug
 - Plug chew
 - Twist roll
 - Iq'mik (Alaska)
 - Dry / moist snuff

PA Form

Alabama Medicaid Pharmacy Smoking Cessation For Pregnant Women and Plan First Recipients Prior Authorization Request Form

FAX: (800) 748-0116 Fax or Mail to P.O. Box 3210
 Phone: (800) 748-0130 Health Information Designs Auburn, AL 36832-3210

PATIENT INFORMATION

Patient Name _____ Patient/Medicaid# _____
 Patient/DOB _____ Patient/Phone# with area code _____

PRESCRIBER INFORMATION

Prescriber Name _____ NPI# _____ License# _____
 Phone# with area code _____ Fax# with area code _____
 Address (optional) _____

I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.

Prescribing Provider _____ Date _____

DRUG/CLINICAL INFORMATION

Drug requested: _____ Strength _____
 Drug Code _____ Qty. per month _____ Days supply _____
 Duration of therapy _____ Initial Request Renewal Request

Is the recipient currently pregnant or within 60 day post partum period? Yes No
 Is the recipient currently enrolled in the Quitline program through the Department of Public Health and has the recipient completed a counseling session with a Quitline representative in the last 30 days? Yes No
 Is the patient a Plan First Recipient? Yes** No
**If yes, please include a copy of the Department of Public Health's Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient with the prior authorization request.

*If the requested drug is a brand name drug with an exact generic equivalent available, the FDA (MedWatch) Form 3500 must be submitted to HIC in addition to the PA Request Form.

DISPENSING PHARMACY INFORMATION

May Be Completed by Pharmacy

Dispensing Pharmacy _____ NPI# _____
 Phone# with area code _____ Fax# with area code _____