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Promoting Successful Tobacco Cessation: Treatment Recommendations & Systems Changes for CHCs

Hosted by
Community Health Association of Mountain/Plains States (CHAMPS)

Sponsored by
Colorado Community Managed Care Network (CCMCN)
CHC Tobacco Cessation Program

Presented by
Dr. Jeffrey J. Cain on Wednesday, March 28, 2007

Supplementary Information Packet

Contents:
- Learning Objectives
- AAFP, Biography of Dr. Jeffrey Cain, and Description of CHAMPS & CCMCN CHC Tobacco Cessation Program
- Presentation Slides
- Guideline for Tobacco Cessation and Secondhand Smoke Exposure

Learning Objectives
Through this presentation, participants will be able to:
1. Understand the principles of effective clinic tobacco cessation.
2. Appropriately prescribe tobacco cessation aids.
3. Promote system-wide comprehensive approaches to successful tobacco cessation.
4. Utilize community resources and tools to promote tobacco cessation in their clinics.
Promoting Successful Tobacco Cessation: Treatment Recommendations & Systems Changes for CHCs

Jeffrey J. Cain, MD, March 28, 2007

AAFP
This live webcast has been reviewed and is acceptable for up to 1.5 Prescribed credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Prescribed CME credit for the archived version of this webcast will be filed immediately after the live event. Jeffrey Cain has indicated that he has no relationships to disclose relating to the subject matter of his presentation. The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

Biography of Dr. Jeffrey Cain
Jeffrey J. Cain, MD, is an Assistant Professor at the University of Colorado Health Sciences Center and Chief of Family Medicine at the Children’s Hospital in Denver, Colorado. He received his Doctor of Medicine at Oregon Health Sciences University in Portland, is board certified by the American Board of Family Practice, and is a Fellow in the American Academy of Family Physicians. Dr. Cain provides extensive expertise in tobacco cessation, and is the founder and current president of TAR WARS, an award-winning national children’s tobacco free education project. Dr. Cain currently sits on the boards of numerous organizations, including the Colorado Multiple Institutional Review Board, the Colorado Children’s Immunization Coalition, the Colorado Coalition of Working Amputees, and the Group to Alleviate Smoking Pollution. He is an experienced teacher and presenter with numerous publications addressing topics including tobacco education, vaccinations, and disability insurance, and in 2006 Dr. Cain received a First Place Research Presentation Award from the AAFP Scientific Assembly.

Description of CHAMPS & CCMCN CHC Tobacco Cessation Program
CHAMPS, the Community Health Association of Mountain/Plains States, is the Region VIII Primary Care Association, a non-profit organization dedicated to serving Region VIII Community, Migrant, and Homeless Health Centers (CHCs) as well as Region VIII State Primary Care Associations. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, policy and funding communications, and the collection and dissemination of regional data. For more information, please visit http://www.champsonline.org or call (303) 861-5165.

Colorado Community Managed Care Network (CCMCN) is a network of 12 Colorado Community Health Centers with 60 clinic sites partnering to provide health care quality improvement in the state. After a year of intensive planning and funding from the Colorado Clinical Guidelines Collaborative and the State Tobacco Education and Prevention Program, CCMCN is implementing a comprehensive, system-wide, evidence-based CHC Tobacco Cessation Program by working with CHCs to address their patient population’s needs and unique attributes. CCMCN is committed to implementing this program with the long-term goal of improving clinical outcomes and quality of life for CHC patients. It is CCMCN’s hope that this unique approach will be expanded to all CHCs in Colorado and will influence other providers, community resources, and individuals, and subsequently reflect a “best practice” intervention for successfully promoting tobacco cessation and reducing the detrimental effects of environmental tobacco smoke especially in underserved and uninsured patient populations. Please contact heather@cchn.org for more information about CCMCN’s CHC Tobacco Cessation Program.
Promoting Successful Tobacco Cessation: Treatment Recommendations & Systems Changes for CHCs

Jeffrey J. Cain MD, March 28, 2007
Chief of Family Medicine – The Children’s Hospital
Founder – Tar Wars

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This presentation was supported by the Colorado Community Managed Care Network (CCMCN). CHC Tobacco Cessation Program. Views of the presenter do not necessarily represent the official views of CHAMPS or CCMCN.

OVERVIEW:
Through This Presentation, Participants Will Be Able To:
1) Understand Colorado’s CHC Tobacco Cessation Program Objectives, Progress & Future Plans.
2) Understand the principles of effective clinic tobacco cessation.
3) Appropriately prescribe tobacco cessation aids.
4) Utilize community resources and tools to promote tobacco cessation in their clinics.
5) Promote system-wide comprehensive approaches to successful tobacco cessation.

Colorado’s CHC Tobacco Cessation Program

Colorado Community Managed Care Network (CCMCN)
- 12 CHC’s - with 60 sites.
- Providing health care quality improvement.
- Support from CCGC and STEPP.
- Creating system-wide, evidence-based tobacco cessation program.
- Specifically for CHC’s and their populations.

The Problem
- Tobacco use is a chronic disease.
- Tobacco use is the #1 public health issue claiming 440,000+ American lives annually.
- 17.3% of Colorado adults (630,000) smoke.
- 87% of lung cancer cases and most cases of emphysema and chronic bronchitis result of smoking.

What It Costs
- Healthcare and lost productivity costs US $97.2 billion a year due to smoking.
- Smoking costs Colorado $1 billion annually for health problems and CO spends $250,000,000 for Medicaid.
- Compared to non-smokers, male smokers:
  - incur $15,800 in lifetime medical expenses.
  - 4 more days lost from work per year.

Current Provider Practices
- 70% of physicians ASK patients about tobacco use.
- Of those, only 40% take further action.
- In the last year, only half of smokers say they were ADVISED to quit smoking by their Doctors.
- Only 1 in 7 Colorado smokers say they were referred to a smoking cessation program.
Why Don’t Providers Ask?

• Too busy and little financial incentive.
• Lack of expertise and feeling efforts are not effective.
• Respect for patient's privacy and don’t want to appear judgmental.
• Feel it would send a negative message that might scare patients away.
• Healthcare professional smokes.

Why Should Providers Ask…

• Proven effectiveness.
• Advising and brief coaching works.
  – Use positive language.
  – Focus on the benefits of quitting.
• Your efforts can change outcomes.

Opportunity For Providers

• 70% of smokers see a physician each year.
• 85% of Colorado smokers want to quit.
• Physician’s advice to quit is a significant motivator.
• Colorado smoker’s prefer when advised to quit by healthcare providers - even if they’re not yet ready.

Priorities Among Recommended Clinical Prevention Services

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Incorporating & Utilizing CCGC Tobacco Cessation Guideline

Clinical Practice Guideline

• Literature search and review of 6,000 articles published between 1975 and 1999.
• Articles reviewed for possible inclusion in meta-analyses.
• 192 articles met criteria for inclusion in a meta-analysis.
• Additional 500+ articles examined by Guideline Expert Panel.
• Draft reviewed by more than 70 external peer reviewers prior to final.

Jeffrey J. Cain, MD

What Effective Tobacco Cessation Looks Like

• Brief Coaching:
  – Only takes 1 minute.
  – Advise patient to quit.
• Intervention:
  – Completed in 10 minute office visit.
• Include entire staff in process.

Jeffrey J. Cain, MD

Types of Coaching

Brief & Practical

• Promote use of problem-solving skills.
• Identify ‘trigger’ situations for smoker.
• Suggest coping skills.
• Provide basic information
  • Health risks.
  • Withdrawal symptoms.
  • Addiction.

Jeffrey J. Cain, MD

Principles of Effective Tobacco Cessation

The 5 A’s –

– Ask: Every patient at every encounter.
– Advise: Urge every tobacco user to quit.
– Assess: Determine the willingness to quit.
– Assist: Refer to QuitLine, provide coaching &/or pharmacotherapy.
– Arrange: Schedule a follow-up contact.
**5 A’s – Processes & Staff**

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<td>Advise</td>
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<td>Assess</td>
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<td>• Provider</td>
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<tr>
<td>Assist</td>
<td>• Discuss Quit Plan &amp; Quit Date.</td>
<td>• Provider</td>
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<tr>
<td>Arrange</td>
<td>• Provide Follow-Up.</td>
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**Ask, Act & Refer**

**The 2 A’s & an R- Document in Chart**

- **Ask:** About Tobacco Use.
- **Act:** Advise to Quit.
- **Refer:** Assist in Quit Attempt.
  - Provide Patient:
    - Pharmacotherapy or NRT
    - QuitLine / QuitNet (Use fax or Rx forms)
    - Education Materials
    - Self-Help Guides or Websites
  - Discuss and develop Quit Plan, Set Quit Date.

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**Ask, Act & Refer**

**Ask.**
- Every patient.
- Every encounter.
  - Do you or have you ever used any form of tobacco?
  - How often?
  - Does smoking occur in home or car? (to assess for secondhand smoke exposure)
- If patient quit using:
  - Reassess abstinence status.
  - Address relapse.
  - Congratulate on success.

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**Ask, Act & Refer**

**Act.**
- Advise every tobacco user to quit.
- Use clear, strong, positive, personalized health messages about the benefits of quitting.
- Discuss risks of secondhand smoke on household members, especially children.
- If not ready to quit, advise them to smoke outside.

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**Ask, Act & Refer**

**Refer.**
- Refer to the Colorado QuitLine.
- Provide positive brief practical behavioral coaching.
- Recommend pharmacotherapy.
- Provide self-help materials.
- Discuss cessation tips:
  - Set a quit date
  - Identify triggers
  - Avoid high risk situations
  - Create smoke-free environment
2 A’s & an R – Processes & Staff

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<td>Refer</td>
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Stages of Change

- Precontemplation: Not acknowledging there’s a problem.
- Contemplation: Acknowledging there is a problem, but not ready to make a change.
- Preparation: Getting ready to change.
- Action: Changing behavior.
- Maintenance: Maintaining the behavior change.
- Relapse: Returning to previous behaviors and abandoning the new changes.

Assessing a Patient’s Readiness to Change

How Do You Encourage A Patient Who’s Not Ready To Quit? Utilizing the 5 R’s.
- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

Utilizing Community Resources and Other Tools

- Refer to QuitLine’s and QuitNet.
- Use the Fax Referral Form and Rx Pads.
- Have accessible materials on hand and use them.
- Utilize community resources:
  - Classes through: Local Colleges and Universities, American Lung Society / American Cancer Society, Hospitals
  - Youth Prevention / Intervention Programs.
Tools You Can Use

**RX PADS**

**FAX REFERRAL FORM**

**Utilizing QuitLine**
- FREE telephone counseling.
- It's easy - it takes 30 seconds to refer.
- Staffed by (English and Spanish speaking) trained cessation experts.
- More likely to use than group or other programs.
- Calling can double chance of successful quitting.
- FREE NRT - (8 weeks of patches for enrolling)

**Utilizing QuitNet**
- Easily accessible on-line tool.
- Evidence based with advantages of Internet:
  - anonymous
  - private
  - convenient
- Phone coaching provided through pro-active calls over 6 to 12 months.

**Create A Quit Plan**
Can be done verbally. Should include:
- Set A Quit Date.
- Tell Family and Friends.
- Anticipate Triggers.
- Remove Tobacco Products.

**Withdrawal**
- Nicotine takes 1 - 3 days to leave your system.
- Symptoms can last 2 weeks to several months.
- Symptoms include:
  - Headache
  - Dizziness
  - Fatigue
  - Insomnia
  - Encourage sleep and drinking lots of water to cleanse the body and wash out toxins.
  - Inability to concentrate
  - Time perception distortions
  - Irritable, cranky
  - Cough & Sore throat

**Managing Withdrawal**
- **TIPS FOR PATIENTS**
  - Exercise.
  - Reduce or avoid caffeine or other stimulants.
  - Drink lots of water.
  - Limit alcohol.
  - Nicotine replacement.
Pharmacotherapy Treatments

Pharmacotherapy Use
- Clinician Familiarity With Medications.
- Contraindications For Selected Patients.
- Patient Preference.
- Previous Patient Experience.
- Patient Characteristics.
  (History of depression, weight gain concerns, etc.)
- Exceptions of Use:
  - Adolescents
  - Smoke Less than 10 Cigarettes a Day
- Contraindications

Recommended Pharmacotherapy Use
Nicotine Replacement Therapies
- Nicotine Patch – Quitline
- Nicotine Gum – Quitline
- Nicotine Lozenge
- Nicotine Oral Inhaler
- Nicotine Nasal Spray

Bupropion SR
Varenicline

Nicotine Replacement Therapy
- Safe.
- Can be combined.
- Combining nicotine patch with gum or nasal spray can increase long-term abstinence rates.
- Can be used long-term.
- Helpful with withdrawal symptoms.
- Free from QuitLine (two 8-week supplies per year).

How Nicotine Works
Bupropion SR
(Zyban or Wellbutrin)
Recommended Dosage:
- 150 mg/day for 3 days, then 150 mg per day BID from day 4 until end of treatment.
- Begin treatment 1-2 weeks prior to quit date.

Recommended Duration:
- Up to 12 weeks treatment.
- Maintenance up to 6 months.
Varenicline (Chantix)

Recommended Dosage:
- 0.5 mg/day on days 1-3, 0.5mg BID on days 4-7, then 1 mg BID from day 8 until end of treatment.
- Begin treatment 7 days prior to quit date.

Recommended Duration:
- 12 weeks treatment.
- Additional 12 weeks to enhance cessation.

Recommended Second-Line Pharmacotherapies
- Clonidine
- Nortriptyline

Special Considerations and Populations
- Lighter Smokers
- Weight Gain
- Women
- Pregnancy
- Ethnic & Racial Differences
- Psychiatric Patients
- Oral Healthcare
- Smokeless Tobacco
- Youth

Considerations: Lighter Smokers
- Consider reducing the dose of first-line nicotine replacement therapy (NRT).
- No adjustments are necessary when using Bupropion SR.

Considerations: Weight Gain
- Average 6 lbs weight gain.
- Bupropion SR and NRTs (especially gum) may delay but not prevent weight gain.
- Nicotine effects weight gain, but specifics unclear.
- Smoking affects rate body uses energy, and may alter regulation of caloric intake.

Considerations: Women
- 19% women smoke ~ 24% men smoke.
- May use tobacco and desire to quit using tobacco for different reasons than men.
- Over 3 million have died prematurely in U.S. from smoking related diseases.
- Compared to nonsmokers, female smokers:
  - incur $17,500 in lifetime medical expenses
  - 2 more days lost from work per year.
Special Populations: Pregnancy

• 13% of pregnant women in the U.S. smoke.
• If all pregnant women stopped smoking, 10% of infant deaths in this country would be reduced.
• Counseling/coaching is the best choice.
• 3 sessions of > 10 mins should be offered.
• Physician weigh risks/benefits of pharmacotherapy.

RESOURCES:
Sources: March of Dimes; American Academy of Pediatrics; American College of Obstetricians and Gynecologists; U.S. Public Health Service; La Leche League 2006.

Special Populations: Pregnancy

• Smoking is the most modifiable risk factor for poor birth outcomes.
• If can quit smoking early in pregnancy, (<16 weeks), risk similar to non-smoker.
• Smoking during and after pregnancy is associated with:
  • Miscarriage
  • Preterm delivery
  • Stillbirth
  • Low birth weight
  • Developmental delay

RESOURCES:
Winickoff et al, Pediatrics 2005

Special Populations: LGBT Community (Lesbian, Gay, Bisexual, & Transgender)

• LGBT Smoking rates:
  - 38% to 59% among youth.
  - 11% to 50% among adults.
• 47% of LGBT adults who smoke, smoke more than one pack a day.
• Lesbians smoke approximately three times more than straight women.

RESOURCES:

Special Populations: Racial & Ethnic Differences

• Tobacco use varies among racial and ethnic groups.
• Smoking rates in 2004:
  - 15% of Hispanics
  - 13.3% of Asians
  - 20.2% of non-Hispanic blacks
  - 22.2% of non-Hispanic whites
  - 33.4% of American Indian/Alaska Natives

RESOURCES:

Special Populations: Racial & Ethnic Differences

Latino / Hispanic
• Concerned about social consequences of smoking:
  – Setting a bad example for children
  – Damaging children's health, or
  – Provoking criticism from family members.
• Most effective techniques:
  – Nicotine patch
  – Self-help materials
  – Including a mood management component.

RESOURCES:

Special Populations: Racial & Ethnic Differences

African American
• Smoking-related deaths 20% higher than in whites.
• In Men:
  • Highest smoking rates in US of major racial groups.
  • Lung cancer death 50% greater than in white men.
  • More than 2-3 times higher than other male minorities.
Special Populations: Psychiatric Comorbidity

- People with psychoses, mood, anxiety, and substance use disorders - more likely to be addicted to nicotine.
- Consume 46.3% of cigarettes smoked in the U.S.
- Tobacco may alter brain function to predispose drug-seeking behaviors as compensating tools.
- Approximately 90% of schizophrenics are smokers.
- Offer psych or chemically dependent patients same guideline-based cessation treatment as all patients.

RESOURCES:

Tobacco Cessation and Depression

- Nicotine interacts with the same receptors that are affected by depression.
- People with a history of depression may experience relapse when quitting.
- Consider Bupropion SR with patients with a history of depression.

RESOURCES:

Oral Healthcare

- Providers can assist with cessation and eliminate factors for some cancer and periodontal diseases.
- Over 90% of oral cancer patients use tobacco by smoking or chewing it.
- Dental treatment can be improved by oral healthcare providers support of tobacco cessation efforts.

RESOURCES:

Smokeless Tobacco

- 12 million people in the US use spit tobacco regularly.
- 3 million US users are under 21.
- Almost 25% of adult smokeless tobacco users also smoke cigarettes.
- Increases in cigarette taxes and clean indoor air acts have tobacco companies expanding ‘smokeless’ and ‘spitless’ products.

RESOURCES:
Tobacco Control Research Branch, National Cancer Institute. (2000) Spit Tobacco: Just the Facts, Bethesda, MD

Tobacco and Youth

- 5,800 Colorado youth (under 18) become daily smokers each year.
- 22% of high school seniors smoke daily.
- 3 million packs of cigarettes are illegally sold to youth in Colorado each year.
- 92,000 current Colorado youth will die early and preventable deaths because of childhood decisions.

RESOURCES:

Billing For Cessation Counseling

Medicare
- Covers cessation counseling if patients have a tobacco-related disease.
- Prescription drug benefit covers cessation treatments prescribed by a physician.
  – Over-the-counter treatments are not covered.

Private Insurers
- Most cover at least one type of pharmacotherapy and at least one type of behavioral intervention.
Billing For Cessation Counseling – HCPCS Codes

- G0375: Smoking and tobacco use cessation counseling visit; intermediate.
- G0376: Smoking and tobacco use cessation counseling visit; intensive.
- 8 annual visits (4 sessions per quit attempt).
- Counseling < 3 min covered under E&M code.

Billing For Cessation Counseling – ICD-9 Codes

- 305.1: Tobacco Use Disorder
- V15.82: History of Tobacco Use
- Provide other clinically relevant diagnosis code, such as cough 786.2
- Document time spent counseling for cessation.

Guideline Recommendations

System-Wide Approaches To Tobacco Cessation

Strategies Recommended in the PHS Guideline:
- Implement tobacco-user identification system.
- Provide education, resources, and feedback to promote provider interventions.
- Dedicate staff to provide tobacco treatment and assess the delivery.

Where We Go From Here

- The Colorado CHC Tobacco Cessation Program was designed to help you.
- Our focus is:
  - Assisting CHC’s and underserved populations
  - Ensuring access and high quality services
  - Promoting and supporting innovation, and
  - Implementing evidence-based programs.
- Contact us for more information.

Thank you for your interest and dedication.

CHC Tobacco Cessation Program Coordinator:
Office Phone: (303) 861-5165 x 229
E-mail: heather@cchn.org

Other Resources

Colorado Clinical Guidelines Collaboratives
http://www.coloradoguidelines.org

Clinical Practice Guideline
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

STEP (State Tobacco Education & Prevention Partnership)
http://www.cdphe.state.co.us/pp/tobacco/index.html

American Academy of Family Physicians
www.aafp.org

Jeffrey J. Cain, MD
Tobacco addiction is a chronic disease and deserves ongoing clinical treatment.

YOU Can Make a Difference For Every Patient that Smokes

ASK – ADVISE - REFER

Thank You for Joining CHAMPS, CCMCN, & Dr. Cain for this Distance Learning Event.

Your opinions are very important to us. Please take a few minutes to complete the Evaluation for this webcast. If you are applying for Continuing Medical Education (CME) credit, you must complete the CME questions found at the end of the Evaluation.

Only one person per computer may use the online version of the Evaluation/CME form. Click on the link to the side of your screen to download a printable form that can be completed by additional participants and faxed to CHAMPS.

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

We Hope You’ll Join Us Again!
Guideline for Tobacco Cessation and Secondhand Smoke Exposure

- Integrate interventions for tobacco cessation and secondhand smoke exposure into every interaction with the patient by using the 5As approach.
- Utilize a combination of behavioral change coaching (including the Colorado QuitLine) and pharmacotherapy treatments for the highest rates of abstinence success.
- Exposure to secondhand smoke is a significant health risk to the general public, especially children, and the establishment of smoke-free environments should be encouraged.
- Evidence shows patients are more likely to quit when their clinician tells them to – even a two to three minute clinician intervention has been shown to be effective.

Additional Resources:
- FOR COMPREHENSIVE TOBACCO GUIDELINE and COLORADO QUITLINE FAX REFERRAL FORM: www.coloradoguidelines.org/tobacco
- To order free office toolkits and materials: www.STEPPitems.com
- Colorado QuitLine: 1.800.QUIT.NOW (1.800.784.8669)

References:
- American Family Physician Vol 74, No 2 July 2006
- Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, June 2000

For important updates, special clinical considerations, additional information, and copies of the guideline email CCGC at tobaccoinfo@coloradoguidelines.org OR call 720.297.1681 OR 866.401.2092 (toll free).

www.coloradoguidelines.org/tobacco

Funded with proceeds from the 2004 state tobacco excise tax
### Pharmacotherapy Treatments: Smoking Cessation Drug Classification and Dosages

#### Tips to use in tobacco cessation efforts:
- Tobacco use is to be approached as a chronic relapsing condition.
- The average smoker has 4-7 attempts before successful abstinence.
- Combination therapy of >1 form of Nicotine Replacement Therapy (NRT) or NRT + Zyban can increase long-term quit rates.

#### Adverse Side Effects/Treatment Tips
- These are general categories; individual patient reactions may vary.

<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
<th>Recommended Dosage</th>
<th>Recommended Duration</th>
<th>Relative Cost Index:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line</td>
<td>Nicotine Patch/dermal (Nicotrol CQ, Habitrol, Nicoderm)</td>
<td>&gt; 10 cigs/day: use 21 mg/24 hrs for 6-8 wks, then 14 mg/24 hrs for 2-4 weeks, then 7mg/24 hrs for 2-4 weeks</td>
<td>up to 10 weeks</td>
<td>OTC $249-997 (av $120/mo)</td>
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<tr>
<td></td>
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<td>&lt; 10 cigs/day: use 15 mg/16 hrs for 6 weeks</td>
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<td></td>
<td>Nicotine Oral Inhaler (NicoBar)</td>
<td>6-16 cartridges/day; puff each cartridge for up to 20 minutes</td>
<td>up to 12 weeks: wk 1-6: 1 loz/ 1-2 hrs wk 7-9: 1 loz/ 2-4 hrs wk 10-12: 1 loz/ 4-8 hrs</td>
<td>OTC $55-137 (av $120/mo)</td>
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<tr>
<td></td>
<td></td>
<td>Each cartridge 4 mg</td>
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<td></td>
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<td>10 puffs inhaler=1 puff cigarette</td>
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<td></td>
<td>Nicotine Nasal Spray (Nicotrol NS)</td>
<td>8-40 sprays/day; 1 dose = 1 spray/nasal 1-2 doses/hr (maximum 5 doses/hr or &lt; 40 doses/day)</td>
<td>Up to 3 - 6 months</td>
<td>prescription $55-137 (av $120/mo)</td>
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<tr>
<td></td>
<td></td>
<td>Each cartridge 4 mg</td>
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<tr>
<td>Second Line</td>
<td>Bupropion SR (Zyban)</td>
<td>150 mg/day for 3 days, then 150 mg/day BID from day 4 to end of treatment (begin treatment 1-2 weeks pre-quit)</td>
<td>Up to 12 weeks Maintenance up to 6 months</td>
<td>prescription $55-137 (av $120/mo)</td>
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<tr>
<td></td>
<td></td>
<td>(begin treatment 1-2 weeks pre-quit)</td>
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<td></td>
<td>Varenicline (Chantix)</td>
<td>0.5 mg/day on days 1-3, 0.5 mg BID on days 4-7, then 1 mg BID from day 8 to end of treatment (begin treatment 7 days pre-quit date)</td>
<td>12 weeks treatment additional 12 weeks to enhance cessation</td>
<td>prescription $55-137 (av $120/mo)</td>
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<td></td>
<td>Clonidine (Catapres)</td>
<td>0.10 mg/day for wk 1, increasing by 0.1 mg/day each week as needed up to .75 mg/day OR patch/week</td>
<td>Up to 10 weeks</td>
<td>prescription $55-137 (av $120/mo)</td>
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<tr>
<td></td>
<td>Nortriptyline (Aventyl, Pamelor)</td>
<td>25 mg/day for week 1, increasing to 75 -100 mg/day</td>
<td>Up to 12 weeks</td>
<td>prescription $55-137 (av $120/mo)</td>
</tr>
</tbody>
</table>

#### Precautions
- (Ø=contraindicated)
- Consult package insert for full list of precautions, contraindications, use in pediatrics, and drug interactions.

#### References:
- The Medical Letter Vol 48 Aug 2006
- American Family Physician Vol 74, No 2 July 2006
- Treating Tobacco Use and Dependence: US Department of Health and Human Services Public Health Service, June 2000
- FDA package inserts

#### For important updates, special clinical considerations, and effectiveness information, visit [www.coloradoguidelines.org/tobacco](http://www.coloradoguidelines.org/tobacco)