

SMOKING CESSATION THERAPY

Smoking cessation pharmacotherapy should be used with a comprehensive behavioral smoking cessation program. Nicotine replacement therapy used in conjunction with a frequent, intensive, high-quality smoking cessation program is more successful than either used alone. Every smoker should be offered smoking cessation therapy at every office visit. Make first follow-up contact within 2 weeks of anticipated quit date, second contact within the first month, and additional follow-up as needed. Intensive interventions are more effective.

Patients **must stop smoking** before starting a nicotine replacement regimen. **Concomitant drugs** may need adjustment in dose when smoking is stopped.

Pregnant or breastfeeding smokers should first be encouraged to attempt to quit smoking without pharmacologic therapy. They should be offered intensive counseling and treatment. Nicotine replacement should be used during pregnancy only if the increased likelihood of quitting smoking (and its benefits) outweighs the risks of nicotine replacement therapy.

Pediatric and adolescent patients should be considered candidates for nicotine replacement therapy only when there is clear evidence of nicotine dependence and a clear desire to quit. Small amounts of nicotine may be toxic to children and animals; these products should be stored in a safe place away from children and pets (including used patches).

Local **skin reactions** may occur with nicotine patches. Treatment with a mild steroid cream may be helpful.

Strict **dieting** and other strong measures should **not** be undertaken to counteract weight gain during a quit attempt. Using nicotine gum can delay weight gain after quitting smoking.

Brand (Company)	Class	Active Ingredient	Strength(s)	Dose*	Comments
TRANSDERMAL					
HABITROL (Novartis Consumer)	OTC	nicotine	21mg/day 14mg/day 7mg/day	>10cigarettes/day: Initially 21mg per day for 4 wks; then 14mg per day for 2 wks, then 7mg per day for 2 wks, then stop. ≤10cigarettes/day: Initially 14mg per day for 6 wks then 7mg per day for 2 wks, then stop.	Apply to clean, dry, nonhairy site on trunk or upper outer arm. Rotate sites. Do not cut patch. Remove patch after 24 hours; if vivid dreams or other sleep disturbances occur, remove at bedtime and reapply in AM.
NICODERM CQ (GlaxoSmithKline)	OTC	nicotine	21mg/24hr 14mg/24hr 7mg/24hr	>10cigarettes/day: 21mg per day for 6 wks; then 14mg per day for 2 wks; then 7mg per day for 2 wks; then discontinue. ≤10cigarettes/day: One 14mg per day for 6 wks; then one 7mg per day for 2 wks; then discontinue.	Apply to clean, dry, nonhairy site on trunk or upper outer arm. Rotate sites. Remove after 16–24 hrs; if vivid dreams or other sleep disturbances occur, remove at bedtime and reapply in AM.
CHEWING GUM					
NICORETTE (GlaxoSmithKline)	OTC	nicotine (as polacrilex)	2mg 4mg	Use 2mg if patient smoked <25 cigarettes/day; use 4mg if patient smoked >24 cigarettes/day. Chew† one piece every 1–2 hrs (at least 9/day) for 6 wks, then one piece every 2–4 hrs for 3 wks, then one piece every 4–8 hrs for 3 wks; then discontinue.	Do not eat or drink for 15 minutes before and during use; avoid concomitant acidic foods and beverages.
NASAL SPRAY					
NICOTROL NS (McNeil Consumer)	Rx	nicotine	0.5mg/spray (aqueous nasal spray)	Individualize. Usually 1–2 doses/hour; max 5 doses/hour, 40 doses/day for up to 3 months; may discontinue abruptly or taper.	Do not sniff, swallow, or inhale spray. Nasal vasoconstrictors may delay absorption.
INHALER					
NICOTROL INHALER (McNeil Consumer)	Rx	nicotine inhalation system	10mg/cartridge (4mg delivered)	Individualize. Use at least 6 cartridges/day for 1st 3–6 weeks; max 16 cartridges/day for 1st 12 weeks, then reduce gradually over 12 more weeks.	Each cartridge lasts about 20 minutes with frequent continuous puffing and provides nicotine equivalent to about 2 cigarettes.
LOZENGES					
COMMIT (GlaxoSmithKline)	OTC	Nicotine (as polacrilex)	2mg 4mg	Dissolve over 20–30 minutes; minimize swallowing. One lozenge every 1–2 hrs (at least 9 daily) for 6 wks; then every 2–4 hrs for 3 wks; then every 4–8 hrs for 3 wks. Max 5 lozenges/6 hours (20 lozenges/day).	Determine dose by previous smoking habits. 4mg if smoked within ½ hr of arising; 2mg if smoked after ½ hr of arising. Do not eat/drink 15 min before or during use.
TABLETS					
CHANTIX (Pfizer)	Rx	Varenicline (as tartrate)	0.5mg 1mg	≥18yrs: Initially 0.5mg once daily for 3 days, then 0.5mg twice daily for 4 days, then 1mg twice daily. Treat for 12 weeks; may continue 12 more weeks if patient successfully stops smoking to further increase the likelihood of abstinence. Reduce dose in renal impairment.	Begin therapy 1 week before target quit date. Alternatively, may begin therapy and then quit smoking between Days 8 and 35 of treatment. Take after eating with a glass of water. May reduce dose if intolerable nausea or other adverse effects occur.
ZYBAN (GlaxoSmithKline)	Rx	bupropion HCl	150mg sustained- release tablets	≥18yrs: Initially 150mg once daily for 3 days, then 150mg twice daily at least 8 hrs apart; max 300mg/day in divided doses. <18yrs: Not recommended. Reduce dose in renal or hepatic impairment.	Swallow whole. Set target quit date within 1–2 weeks after start. Treat for 7–12 weeks; reevaluate if no significant progress by week 7; up to 6 months' therapy has been shown to be effective. Avoid bedtime dosing.

NOTES

†Slowly chew gum until a "peppery" taste emerges, then "park" between cheek and gum. "Chew and park" gum slowly and intermittently for about 30 minutes.

Adapted from Clinical Practice Guidelines No. 18, AHCPR Pub. #96-0692, 4/96 and product labeling. For more information see product entries.

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