

## PREVENTIVE CARE

### TOBACCO CESSATION – NRT (Nicotine Replacement Therapy) and Non-NRT

#### STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

**AUTHORITY and PURPOSE:** Per [ORS 689.645](#), a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.

- Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#) a pharmacist licensed and located in Oregon may prescribe individual or multiple Nicotine Replacement Therapy (NRT) OTC and Rx for tobacco cessation.
- Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#), a pharmacist licensed and located in Oregon may prescribe non-NRT medications for tobacco cessation.

#### STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized Tobacco Cessation Patient Intake Form (pg. 2-3)
- Utilize the standardized Tobacco Cessation Assessment and Treatment Care Pathway (pg. 4-7)

#### PHARMACIST TRAINING/EDUCATION:

- Minimum 2 hours of documented ACPE CE related to pharmacist prescribing of tobacco cessation products

# Tobacco Cessation Self-Screening Patient Intake Form

## (CONFIDENTIAL-Protected Health Information)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Sex Assigned at Birth (circle) M / F Gender Identification (circle) M / F / Other \_\_\_\_  
Preferred Pronouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hir/Hirs, Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Healthcare Provider Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Do you have health insurance? Yes / No Insurance Provider Name \_\_\_\_\_  
Any allergies to medications? Yes / No If yes, please list: \_\_\_\_\_  
Any allergies to foods (ex. menthol/soy)? Yes / No If yes, please list: \_\_\_\_\_  
List of medicine(s) you take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to smoking, are you also currently using non-cigarette products (e.g., chewing tobacco, vaping, e-cigarettes, juul)? If yes, what products are you using and how much do you use in a day? \_\_\_\_\_  
\_\_\_\_\_

Do you have a preferred tobacco cessation product you would like to use? \_\_\_\_\_

Have you tried quitting smoking in the past? If so, please describe: \_\_\_\_\_

What best describes how you have tried to stop smoking in the past?

- "Cold turkey"
- Tapering or slowly reducing the number of cigarettes you smoke a day
- Medicine
  - Nicotine replacement (e.g. patches, gum, inhalers, lozenges, etc.)
  - Prescription medications (e.g. bupropion [Zyban<sup>®</sup>, Wellbutrin<sup>®</sup>], varenicline [Chantix<sup>®</sup>])
- Other \_\_\_\_\_

### Health and History Screen – Background Information:

1.	Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you pregnant, nursing, or planning on getting pregnant or nursing in the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

### Medical History:

3.	Have you ever had a heart attack, irregular heartbeat or angina, or chest pains in the past two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
4.	Do you have stomach ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
5.	Do you wear dentures or have TMJ (temporomandibular joint disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6.	Do you have a chronic nasal disorder (ex. nasal polyps, sinusitis, rhinitis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

### Tobacco History:

7.	Do you smoke fewer than 10 cigarettes a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Blood Pressure Reading \_\_\_\_/\_\_\_\_ mmHg (\*Note: Must be taken by a pharmacist)



**Stop here if patient and pharmacist are considering nicotine replacement therapy or blood pressure is  $\geq$  160/100 mmHg.**



**If patient and pharmacist are considering non-nicotine replacement therapy (e.g., varenicline or bupropion) and blood pressure is  $<$  160/100mmHg continue to answer the questions below.**

# Tobacco Cessation Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

**Medical History Continued:**

8.	Have you ever had an eating disorder such as anorexia or bulimia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
9	Have you ever had a seizure, convulsion, significant head trauma, brain surgery, history of stroke, or a diagnosis of epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
10.	Have you ever been diagnosed with chronic kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
11.	Have you ever been diagnosed with liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
12.	Have you been diagnosed with or treated for a mental health illness in the past 2 years? (e.g. depression, anxiety, bipolar disorder, schizophrenia)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

**Medication History:**

13.	Do you take a monoamine oxidase inhibitor (MAOI) antidepressant? (e.g. selegiline [Emsam <sup>®</sup> , Zelapar <sup>®</sup> ], phenelzine [Nardil <sup>®</sup> ], isocarboxazid [Marplan <sup>®</sup> ], tranylcypromine [Parnate <sup>®</sup> ], rasagiline [Azilect <sup>®</sup> ])	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
14.	Do you take linezolid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
15.	Do you use alcohol or have you recently stopped taking sedatives? (e.g. benzodiazepines)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

**The Patient Health Questionnaire 2 (PHQ 2):**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

**Suicide Screening:**

Over the last 2 weeks, how often have you had thoughts that you would be better off dead, or have you hurt yourself or had thoughts of hurting yourself in some way?	0	1	2	3
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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

# Tobacco Cessation Assessment & Treatment Care Pathway

<b>STEP 1: Health and History Screen Part 1</b> Review Tobacco Cessation Patient Questionnaire (Questions 1-2)	No = No Contraindicating Conditions (Continue to step 2)	Yes/Not sure = Contraindicating Conditions <b>Refer</b> →	Refer to PCP and/or Oregon Quit Line 1-800-QUIT-NOW
<b>STEP 2: Blood Pressure Screen</b> Take and document patient's current blood pressure (note: RPh may choose to take a second reading if initial is high)	BP < 160/100 (Continue to step 4)	BP ≥ 160/100 <b>Refer</b> →	Refer to PCP <b>AND</b> Oregon Quit Line 1-800-QUIT-NOW
<b>STEP 3: Medical History</b> Nicotine Replacement Therapy Questions (Questions 3-4)	No to question 4 and 5 (Continue to step 5)	Yes to question 4 and/or 5 <b>Refer</b> →	Refer to PCP <b>AND</b> Oregon Quit Line 1-800-QUIT-NOW
<b>STEP 4: Medical History</b> Nicotine Replacement Therapy Questions (Questions 5-6) Question 5 = if Yes, avoid using nicotine gum Question 6 = if Yes, avoid using nicotine nasal spray			
		If patient wants NRT, prescribe NRT*	If patient wants bupropion or varenicline, continue to step 6
Prescribing NRT*(pg.6):	<ul style="list-style-type: none"> <li>• Combination NRT is preferred (nicotine patch + acute NRT)</li> <li>• Acute NRT = nicotine gum, nicotine lozenge, nicotine nasal spray</li> </ul>	<b>Tobacco History (Question 9 on questionnaire)</b> If Yes to smoking ≤10 cigs/day (if patient also uses e-cigarettes and/or chewing tobacco calculate patient's total daily nicotine including nicotine from cigarettes, e-cigarettes, and chewing tobacco. If less than 20mg of nicotine per day), start with nicotine patch 14mg/day  If No to smoking > 10 cigs/day (if patient also uses e-cigarettes and/or chewing tobacco calculate patient's total daily nicotine including nicotine from cigarettes, e-cigarettes, and chewing tobacco. If equal to or more than 20mg of nicotine per day) start with nicotine patch 21mg/day	
<b>STEP 6: Medical History</b> Bupropion and varenicline screening (Questions 8-12)	<b>Consider NRT* if yes to any question from 10-14</b>		
	a) If yes to any question → avoid bupropion = If patient still wants bupropion, refer <b>Refer</b> →		Refer to PCP <b>AND</b> Oregon Quit Line 1-800-QUIT-NOW; NRT* can be considered
	b) If yes to any questions from 12-14 → avoid varenicline - If patient still wants varenicline, refer <b>Refer</b> →		
If patient answered no to questions 10- 14, continue to step 7 If patient answered no to questions 12-14, but yes to question 10 and/or 11, <b>AND</b> wants varenicline (but not bupropion), skip to step 8			
<b>STEP 7: Medication History</b> (Questions 13-15)	If patient answered no to questions 15-17, review depression screening step 8	If patient answered yes to any question from 15-17 → avoid bupropion - Refer if patient still wants bupropion - If patient wants varenicline, continue to depression screening step 8 <b>Refer</b> →	Refer to PCP if patient wants bupropion; NRT* can be considered
<b>STEP 8: The Patient Health Questionnaire 2 (PHQ 2): Depression Screening</b>	If score < 3 on PHQ2, review Suicide Screening in step 9	If score ≥ 3 on PHQ, avoid bupropion and varenicline and refer to PCP for treatment. NRT* can be offered. <b>Refer</b> →	Refer to PCP; NRT* can be considered
<b>STEP 9: Suicide Screening</b>	If score of 0 on suicide screening, may prescribe bupropion or varenicline	If score ≥ 1 on suicide screening, place <b>immediate</b> referral to PCP <b>Refer</b> →	Call PCP office to notify them of positive suicide screening and determine next steps. After hours, refer to suicide hotline 1-800-273-8255

# Tobacco Cessation Assessment & Treatment Care Pathway

Prescribing Bupropion:	Prescribing Varenicline:
<p>150mg SR daily for 3 days then 150mg SR twice daily for 8 weeks or longer. Quit day after day 7.</p> <p>Consider combining with nicotine patch or nicotine lozenge or nicotine gum for increased efficacy.*</p> <p>For patients who do not tolerate titration to the full dose, consider continuing 150mg once daily as the lower dose has shown efficacy.</p>	<p>0.5mg daily for 3 days then 0.5mg twice daily for 4 days then 1mg twice daily for 12 to 24 weeks. Quit day between days 8 and 35 after initiation of varenicline.</p> <p>Generally not used in combination with other tobacco cessation medications as first line therapy.</p>

## \*Nicotine Replacement Dosing:

	Dose
<b>Long Acting NRT</b>	
Nicotine Patches	<ul style="list-style-type: none"> <li>• Patients smoking &gt;10 cigarettes/day (if patient also uses e-cigarettes and/or chewing tobacco calculate patient's total daily nicotine including nicotine from cigarettes, e-cigarettes, and chewing tobacco. If equal to or more than 20mg of nicotine per day): begin with 21mg/day for 6 weeks, followed by 14mg/day for 2 weeks, finish with 7mg/day for 2 weeks.</li> <li>• Patients smoking ≤ 10 cigarettes/day (if patient also uses e-cigarettes and/or chewing tobacco calculate patient's total daily nicotine including nicotine from cigarettes, e-cigarettes, and chewing tobacco. If less than 20mg of nicotine per day): begin with 14mg/day for 6 weeks, followed by 7mg/day for 2 weeks.</li> <li>• <b>Note:</b> Adjustment may be required during initial treatment (move to higher dose if experiencing withdrawal symptoms; lower dose if side effects are experienced).</li> </ul>
<b>Acute NRT</b>	
Nicotine Gum	<ul style="list-style-type: none"> <li>• Chew 1 piece of gum when urge to smoke occurs. If strong or frequent cravings are present after 1 piece of gum, may use a second piece within the hour (do not continuously use one piece after the other).</li> <li>• Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise, the 2 mg strength is recommended.</li> <li>• Use according to the following 12-week dosing schedule:                             <ul style="list-style-type: none"> <li>○ Weeks 1 to 6: Chew 1 piece of gum every 1 to 2 hours (maximum: 24 pieces/day); if using nicotine gum alone without nicotine patches, to increase chances of quitting, chew at least 9 pieces/day during the first 6 weeks</li> <li>○ Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day)</li> <li>○ Weeks 10 to 12: Chew 1 piece of gum every 4 to 8 hours (maximum: 24 pieces/day)</li> </ul> </li> </ul>
Nicotine Lozenges	<ul style="list-style-type: none"> <li>• 1 lozenge when urge to smoke occurs; do not use more than 1 lozenge at a time</li> <li>• Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise the 2 mg strength is recommended.</li> <li>• Use according to the following 12-week dosing schedule:                             <ul style="list-style-type: none"> <li>○ Weeks 1 to 6: 1 lozenge every 1 to 2 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day); if using nicotine lozenges alone without nicotine patches, to increase chances of quitting, use at least 9 lozenges/day during the first 6 weeks</li> <li>○ Weeks 7 to 9: 1 lozenge every 2 to 4 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day)</li> <li>○ Weeks 10 to 12: 1 lozenge every 4 to 8 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day)</li> </ul> </li> </ul>
Nicotine Nasal Spray	<ul style="list-style-type: none"> <li>• Initial: 1 to 2 doses/hour (each dose [2 sprays, one in each nostril] contains 1 mg of nicotine)</li> <li>• Adjust dose as needed based on patient response; do not exceed more than 5 doses (10 sprays) per hour [maximum: 40 mg/day (80 sprays)] or 3 months of treatment</li> <li>• If using nicotine nasal spray alone without nicotine patches, for best results, use at least the recommended minimum of 8 doses per day (less is likely to be effective)</li> <li>• Use beyond 6 months is not recommended (has not been studied). If patient is unable to stop smoking by the fourth week of therapy, consider discontinuation.</li> <li>• <i>Discontinuation of therapy:</i> Discontinue over 4 to 6 weeks. Some patients may not require gradual reduction of dosage and may stop treatment abruptly.</li> </ul>

Oregon licensed pharmacist must adhere to Prescribing Parameters, when issuing any prescription for tobacco cessation.

### PRESCRIBING PARAMETERS:

- 1st prescription(s) up to 30 days

## Tobacco Cessation Assessment & Treatment Care Pathway

- Maximum duration = 24 weeks
- Maximum frequency = 2x in a rolling 12-month period

### TREATMENT CARE PLAN:

- Documented follow-up: within 7-21 days after patient starts tobacco cessation medication(s), phone consultation permitted

### Medication Counseling Points

Long Acting NRT	
Nicotine Patches	<ul style="list-style-type: none"> <li>• Local skin reactions (redness, rash, itching)</li> <li>• Sleep disturbances (abnormal dreams, insomnia)</li> </ul>
Acute NRT	
Nicotine Gum	<ul style="list-style-type: none"> <li>• Jaw soreness</li> <li>• Mouth and throat irritation</li> <li>• Hiccups</li> <li>• Nausea</li> <li>• Heartburn</li> <li>• Lightheadedness/dizziness</li> </ul>
Nicotine Lozenges	<ul style="list-style-type: none"> <li>• Mouth and throat irritation</li> <li>• Hiccups</li> <li>• Nausea</li> <li>• Heartburn</li> <li>• Lightheadedness/dizziness</li> </ul>
Nicotine Nasal Spray	<ul style="list-style-type: none"> <li>• Nasal or throat irritation (hot, peppery sensation)</li> <li>• Runny nose</li> <li>• Runny, itchy eyes</li> <li>• Sneezing</li> <li>• Cough</li> <li>• Headache</li> </ul>
Other Agents	
Bupropion	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Dry mouth</li> <li>• Nausea</li> <li>• Anxiety</li> <li>• Constipation</li> <li>• Tremor</li> <li>• Rash</li> </ul>
Varenicline	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• Sleep disturbances (abnormal dreams, insomnia)</li> <li>• Headache</li> <li>• Gas</li> <li>• Constipation</li> <li>• Altered taste</li> </ul>

### Managing Withdrawal from Tobacco Products

Anxiety	<ul style="list-style-type: none"> <li>• Typically occurs within two days of last cigarette and lasts around two weeks</li> <li>• Take a walk or a hot bath</li> <li>• Limit caffeine</li> <li>• Use relaxation techniques (deep breathing, quiet time, etc.)</li> </ul>
Depressed mood	<ul style="list-style-type: none"> <li>• Can last weeks and usually resolves after a month</li> <li>• Engage in activities/hobbies that you enjoy</li> <li>• Spend time with family and friends</li> </ul>
Hunger/weight gain	<ul style="list-style-type: none"> <li>• Drink extra water or low-calorie beverages</li> <li>• Have low-calorie snacks available</li> </ul>
Insomnia	<ul style="list-style-type: none"> <li>• Variable and can last weeks to months</li> <li>• Limit caffeine</li> </ul>

## Tobacco Cessation Assessment & Treatment Care Pathway

	<ul style="list-style-type: none"><li>• Use relaxation techniques (deep breathing, quiet time, etc.)</li></ul>
Irritability	<ul style="list-style-type: none"><li>• Generally peaks in the first week of stopping smoking and usually resolves in the first month</li><li>• Take a walk or a hot bath</li><li>• Limit caffeine</li><li>• Use relaxation techniques (deep breathing, quiet time, etc.)</li></ul>
Nicotine cravings	<ul style="list-style-type: none"><li>• Can occur frequently for the first 2-3 days and last for months to years</li><li>• Wait out the urge as able, it usually only lasts a few minutes</li><li>• Avoid situation and activities that may trigger a craving</li><li>• Increase activity</li><li>• Do something to keep mind and hands busy (word search, crossword, some sort of craft, etc.)</li><li>• Use relaxation techniques (deep breathing, quiet time, etc.)</li></ul>

# Tobacco Cessation Prescription

Optional-May be used by pharmacy if desired

Patient Name:	Date of birth:
Address:	
City/State/Zip Code:	Phone number:

- Referred patient to Oregon Quit Line (1-800-QUIT-NOW or [www.quitnow.net/oregon](http://www.quitnow.net/oregon))
- BP Reading: \_\_\_/\_\_\_ mmHg \*must be taken by a RPh

*Note: RPh must refer patient if blood pressure  $\geq$  160/100*

## Rx

Written Date: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber Signature: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

**-or-**

- Patient Referred

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_