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 855-020-0110, 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 855-020-0110, 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. 2-4)
- Utilize the standardized Tobacco Cessation Assessment and Treatment Care Pathway (pg. 5-6)

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

Name________________________ Date of Birth____________ Age____ Today’s Date _________________

Today’s BP________ /________mmHg

Do you have health insurance? Yes / No Name of insurance provider ______________________________________

PCP/Health Care Provider’s Name_______________________________________________________________

List of medicine you take _____________________________________________________________________________
________________________________________________________________________________________________
_________________________________________________________________________________________________

Any allergies to medicines? Yes / No If yes, list them here ________________________________________________

Any food allergies (ex. menthol/soy) __________________________________________________________________
__________________________________________________________________________________________________

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
  o Nicotine replacement (like patches, gum, inhalers, lozenges, etc.)
  o Prescription medications (ex. bupropion [Zyban®, Wellbutrin®], varenicline [Chantix®])
☐ Other___________________________________________

Background Information:

1. Are you under 18 years old? ☐ Yes ☐ No

2. Are you pregnant, nursing, or planning on getting pregnant or nursing in the next 6 months? ☐ Yes ☐ No ☐ Not sure

3. Are you currently using and trying to quit non-cigarette products (ex. Chewing tobacco, vaping, e-cigarettes, Juul)? ☐ Yes ☐ No

Medical History:

4. Have you ever had a heart attack, irregular heart beat or angina, or chest pains in the past two weeks? ☐ Yes ☐ No ☐ Not sure

5. Do you have stomach ulcers? ☐ Yes ☐ No ☐ Not sure

6. Do you wear dentures or have TMJ (temporomandibular joint disease)? ☐ Yes ☐ No ☐ Not sure

7. Do you have a chronic nasal disorder (ex. nasal polyps, sinusitis, rhinitis)? ☐ Yes ☐ No ☐ Not sure

8. Do you have asthma or another chronic lung disorder (ex. COPD, emphysema, chronic bronchitis)? ☐ Yes ☐ No ☐ Not sure

Tobacco History:

9. Do you smoke fewer than 10 cigarettes a day? ☐ Yes ☐ No

Stop here if patient and pharmacist are considering nicotine replacement therapy.

KEEP GOING

If patient and pharmacist are considering non-nicotine replacement therapy (ex. varenicline or bupropion) continue to answer the questions below.
**Medical History Continued:**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Have you ever had an eating disorder such as anorexia or bulimia?</td>
<td></td>
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<tr>
<td>11.</td>
<td>Have you ever had a seizure, convulsion, significant head trauma, brain surgery, history of stroke, or a diagnosis of epilepsy?</td>
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<tr>
<td>12.</td>
<td>Have you ever been diagnosed with chronic kidney disease?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Have you ever been diagnosed with liver disease?</td>
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<tr>
<td>14.</td>
<td>Have you been diagnosed with or treated for a mental health illness in the past 2 years? (ex. depression, anxiety, bipolar disorder, schizophrenia)?</td>
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</table>

**Medication History:**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
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<tbody>
<tr>
<td>15.</td>
<td>Do you take a monoamine oxidase inhibitor (MAOI) antidepressant? (ex. selegiline [Emsam®, Zelapar®], Phenelzine [Nardil®], Isocarboxazid [Marplan®], Tranylcypromine [Parnate®], Rasagiline [Azilect®])</td>
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<tr>
<td>16.</td>
<td>Do you take linezolid (Zyvox®)?</td>
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<td>17.</td>
<td>Do you use alcohol or have you recently stopped taking sedatives? (ex. Benzodiazepines)</td>
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**The Patient Health Questionnaire 2 (PHQ 2):**

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
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<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

**Suicide Screening:**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Over the last 2 weeks, how often have you had thoughts that you would be better off dead, or thoughts of hurting yourself in some way?</td>
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</table>

Patient Signature__________________________________________ Date________________
**Optional—May be used by pharmacy if desired**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of birth:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City/State/Zip Code:</th>
<th>Phone number:</th>
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</table>

- [ ] Verified DOB with valid photo ID
- [ ] Referred patient to Oregon Quit Line (1-800-QUIT-NOW or www.quitnow.net/oregon or fax: 800-483-3114)
- [ ] BP Reading: ____/____ *must be taken by a RPh

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

**Rx**

Written Date: ____________________________________________

Prescriber Name: ___________________________ Prescriber Signature: ___________________________

Pharmacy Address: ___________________________ Pharmacy Phone: ___________________________

- [ ] Patient Referred

Notes:

______________________________________________
**Tobacco Cessation Assessment & Treatment Care Pathway**

1) **Health and History Screen Part 1**
- Review Tobacco Cessation Patient Questionnaire (Questions 1-2)
  - **No** = No Contraindicating Conditions.
  - **Yes/Not sure** = Contraindicating Conditions.

2) **Health and History Screen Part 2**
- Review Tobacco Cessation Patient Questionnaire (Question 3)
  - Smoking Cigarettes.
  - **Yes** to question 3
    - Refer to Oregon Quit Line 1-800-QUIT-NOW to receive counseling and NRT
  - **No** = No Contraindicating Conditions.
  - **Contraindicating Conditions**

3) **Blood Pressure Screen**
- 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**
    - Refer to PCP AND Oregon Quit Line 1-800-QUIT-NOW

4) **Medical History**
- Nicotine Replacement Therapy Questions (Questions 4-5)
  - **No**, to question 4 and 5.
    - Continue to step 5
  - **Yes**, to question 4 and/or 5
    - Refer to PCP AND Oregon Quit Line 1-800-QUIT-NOW

5) **Medical History**
- Nicotine Replacement Therapy Questions (Questions 6-8)
  - Question 6 = if Yes, avoid using nicotine gum
  - Question 7 = if Yes, avoid using nicotine nasal spray
  - Question 8 = if Yes, avoid using nicotine inhaler

**Prescribing NRT** (pg. 2):
- Combination NRT is preferred
  - (Nicotine patch + Acute NRT)
- Acute NRT = Nicotine gum, Nicotine lozenge, Nicotine nasal spray, Nicotine inhaler

**Tobacco History** (Question 9 on questionnaire)
- If Yes to smoking < 10 cigs/day, start with nicotine patch 14mg/day
- If No to smoking > 10 cigs/day start with nicotine patch 21mg/day

6) **Medical History**
- Bupropion and varenicline screening Questions 10-14
  - 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, AND wants varenicline (but not bupropion), skip to step 8

7) **Medication History**
- Questions 15-17 on questionnaire
  - 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.
  - If patient answered yes to any question from 10-14
    - Avoid bupropion.
      - Refer if patient still wants bupropion.
      - If patient wants varenicline, refer.

8) **The Patient Health Questionnaire 2 (PHQ 2): Depression Screening**
- Score < 3 on PHQ2
  - Review Suicide Screening in step 9.
- Score ≥ 3 on PHQ
  - Avoid bupropion and varenicline, refer to PCP for treatment. NRT* can be offered.

9) **Suicide Screening**
- **Score of 0** on suicide screening
  - May prescribe bupropion or varenicline.
- **Score ≥ 1** on suicide screening
  - **Immediate** referral to PCP.

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**Prescribing Bupropion:**
- 150mg SR daily for 3 days then 150mg SR twice daily for 8 weeks or longer. Quit day after day 7.
- Consider combining with Nicotine patch or Nicotine lozenge or Nicotine gum for increased efficacy.*
  - For patients who do not tolerate titration to the full dose, consider continuing 150mg once daily as the lower dose has shown efficacy.
  - Generally not use in combination with other smoking cessation medications.

**Prescribing Varenicline:**
- 0.5mg daily for 3 days then 0.5mg twice daily for 3 days then 1mg twice daily for 12 to 24 weeks (may use Starter Pack).
- Quit day after day 7 or alternatively quit date up to 35 days after initiation of varenicline.
### Nicotine Replacement Dosing:

<table>
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<th>Dose</th>
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<tr>
<td><strong>Long Acting NRT</strong></td>
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</table>
| Nicotine Patches | • Patients smoking >10 cigarettes/day: begin with 21mg/day for 6 weeks, followed by 14mg/day for 2 weeks, finish with 7mg/day for 2 weeks  
• Patients smoking ≤10 cigarettes/day: begin with 14mg/day for 6 weeks, followed by 7mg/day for 2 weeks  
• Note: Adjustment may be required during initial treatment (move to higher dose if experiencing withdrawal symptoms; lower dose if side effects are experienced). |
| **Acute NRT** |                                                                 |
| Nicotine Gum | • 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).  
• Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise the 2 mg strength is recommended.  
• Use according to the following 12-week dosing schedule:  
  o 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  
  o Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day)  
  o Weeks 10 to 12: Chew 1 piece of gum every 4 to 8 hours (maximum: 24 pieces/day) |
| Nicotine Lozenges | • 1 lozenge when urge to smoke occurs; do not use more than 1 lozenge at a time  
• Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise the 2 mg strength is recommended.  
• Use according to the following 12-week dosing schedule:  
  o 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  
  o Weeks 7 to 9: 1 lozenge every 2 to 4 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day)  
  o Weeks 10 to 12: 1 lozenge every 4 to 8 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day) |
| Nicotine Inhaler | • Initial treatment: 6 to 16 cartridges/day for up to 12 weeks; maximum: 16 cartridges/day  
• 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.  
• Discontinuation of therapy: After initial treatment, gradually reduce daily dose over 6 to 12 weeks. Some patients may not require gradual reduction of dosage and may stop treatment abruptly. |
| Nicotine Nasal Spray | • Initial: 1 to 2 doses/hour (each dose [2 sprays, one in each nostril] contains 1 mg of nicotine)  
• 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  
• 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).  
• 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.  
• Discontinuation of therapy: Discontinue over 4 to 6 weeks. Some patients may not require gradual reduction of dosage and may stop treatment abruptly. |

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

**PRESCRIBING PARAMETERS:**
- 1st prescription up to 30 days
- Maximum duration = 12 weeks
- Maximum frequency = 2x in rolling 12 months

**TREATMENT CARE PLAN:**
- Documented follow-up: within 7-21 days, phone consultation permitted