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 (*must be taken by a RPH)

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

Health and History Screen - 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

If patient and pharmacist are considering nicotine replacement therapy (ex. varenicline or bupropion) continue to answer the questions below.

KEEP GOING
### Medical History Continued:

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

### Medication History:

| 15. | Do you take a monoamine oxidase inhibitor (MAOI) antidepressant? (ex. selegiline [Emsam®, Zelapar®], Phenelzine [Nardil®], Isocarboxazid [Marplan®], Tranylcypromine [Parnate®], Rasagiline [Azilect®]) | □ Yes □ No □ Not sure |
| 16. | Do you take linezolid (Zyvox®)? | □ Yes □ No □ Not sure |
| 17. | Do you use alcohol or have you recently stopped taking sedatives? (ex. Benzodiazepines) | □ Yes □ No □ Not sure |

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

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

### 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 |

Patient Signature ____________________________________________ Date ________________
Optional—May be used by pharmacy if desired

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

-or-

□ Patient Referred
  (fax or electronic notification to the Quit Line is acceptable)

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. Continue to step 2
  - Yes/Not sure = Contraindicating Conditions. Refer to PCP AND Oregon Quit Line 1-800-QUIT-NOW

#### 2) Health and History Screen Part 2
- Review Tobacco Cessation Patient Questionnaire (Question 3)
  - Smoking Cigarettes. Continue to step 3
  - Yes to question 3 Refer to Oregon Quit Line 1-800-QUIT-NOW to receive counseling and NRT

#### 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.6):
- 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
  - Consider NRT* if yes to any question from 10-14
    - a) If yes to any question → avoid bupropion. If patient still wants bupropion, refer.
    - b) If yes to any questions from 12-14 → avoid varenicline. If patient still wants varenicline, refer.
  - 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. - If patient still wants bupropion, refer.
  - If patient wants varenicline, continue to depression screening step 8.

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

#### 9) Suicide Screening
- Score ≥ 1 on suicide screening. **Immediate** referral to PCP.

#### 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.

#### 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.
- Generally not use in combination with other smoking cessation medications.
**Nicotine Replacement Dosing:**

### Dose

#### Long Acting NRT

**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:
  - 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
  - Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day)
  - 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:
  - 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
  - Weeks 7 to 9: 1 lozenge every 2 to 4 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day)
  - 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.

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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