

Tobacco use kills an estimated 12,000 New Yorkers a year.

More than two-thirds of New York City smokers try to quit every year. Studies show that patients who receive counseling and medication are more likely to quit smoking.¹ However, nationally, only 20 percent of patients receive counseling, and 8 percent are prescribed a medication.²

As with other chronic conditions, the right dose and combination of medications is important, especially for patients who previously tried nicotine replacement therapy (NRT) and were not able to remain tobacco-free. Regimens that include both long and short-acting NRTs will help your patients with cravings throughout the day and can increase the likelihood that they will successfully quit.^{1,3}

Use the treatment recommendations and workflow solutions in this guide to help your patients quit smoking for good. For evidence related to safety and efficacy of these treatment regimens, see below.

Safety

NRT

On April 2, 2013, the Food and Drug Administration (FDA) issued a notice⁴ stating that there are no significant safety concerns associated with:

- Combining NRT with other nicotine-containing products, including OTC NRT
- Using OTC NRT for more than 12 weeks

Since the OTC NRT labels may not change immediately, the FDA issued a consumer update comparing the original label with the proposed changes.⁵ NRT is considered safe, but smokers may still report side effects and need reassurance or a change in medication to support their quit attempt. Chest pain and palpitations are among some of the uncommon side effects.^{3,6}

Bupropion and Varenicline

While bupropion and varenicline both have black box warnings, people tolerate these medications with good results. Please consult the package inserts⁷⁻⁸ and the 2009 FDA alert⁹ for more information.

Efficacy

NRT

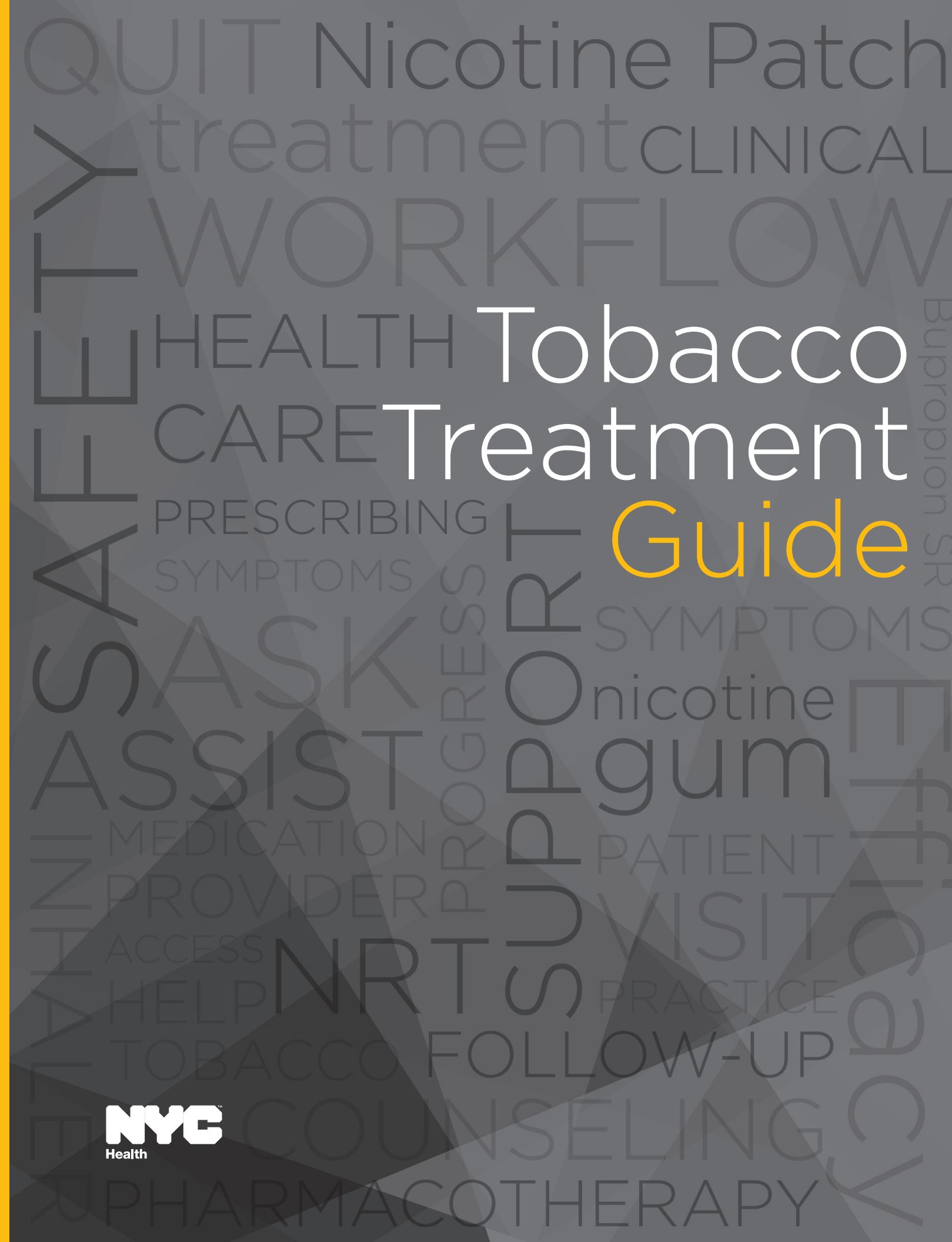
Several studies examining the use of nicotine patch with other products (such as nicotine lozenge, nasal spray, inhaler and bupropion) and bupropion combined with nicotine lozenge in patients who smoked more than 10 cigarettes per day demonstrated higher quit rates than those who received monotherapy.¹⁰⁻¹⁵

Bupropion and Varenicline

These medications have been shown to be effective in increasing quit rates compared to placebo in several clinical trials.³

Find all references, as well as tobacco resources, at nyc.gov/health.

Tobacco Treatment Guide



Every office visit is an opportunity to help your patients quit smoking.

1 ASK

Ask every patient at every visit, “Do you smoke?” and assess smoking pattern.

Avoid asking if a person is a “smoker” as some light and non-daily smokers may not self-identify as “smokers.”

Do You Smoke?
If you do, fill this out and give it to your provider. It will help your provider better understand your health needs.

1. How many cigarettes do you smoke each day?
 1 to 10 More than 10 I do not smoke every day

2. How soon after waking do you smoke your first cigarette?
 30 minutes or less after waking
 More than 30 minutes after waking
 I do not smoke every day

Note to Providers: Use the Tobacco Treatment Guide for prescribing recommendations.
Adapted from Heatherton TF; Kozlowski LT; Frecker RC; Rickert W; Robinson J. Measuring the Heaviness of Smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Br J Addict* 1989;84(7):791-799.

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Have your patients fill out this questionnaire—and/or do a verbal assessment with the same questions.

2 ASSIST

Based on smoking pattern, counsel and discuss importance of quitting with **all smokers, including non-daily. Prescribe medication to daily smokers only.***

Choose only one of these sample regimens.**
Reassess at six weeks:

1 to 10 cigarettes/day:

- 2 or 4 mg*** of short-acting NRT such as nicotine gum or lozenge based on time to first cigarette
- 14 mg nicotine patch

More than 10 cigarettes/day:

- 21 mg nicotine patch AND 2 or 4 mg*** of short-acting NRT such as nicotine gum or lozenge based on time to first cigarette
- Bupropion SR (150 mg) with or without 2 or 4 mg*** of short-acting NRT such as nicotine gum or lozenge based on time to first cigarette
- Varenicline only

* If uninsured: 1) The New York State Quitline offers a free two-week NRT starter kit for eligible patients, 2) Big Apple Rx offers discounts on both Rx and OTC cessation aids [with a prescription](#).

Nicotine Gum (2 mg or 4 mg)
Chew and park 1 piece of gum by mouth every hour as needed

Disp: #660 pieces
MDD: 24 pieces
Refills: 2

Nicotine Patch 21 mg
Apply 21 mg patch daily to skin

Disp: #28 patches
MDD: 1 patch
Refills: 2

Write the prescription for up to 90 days.
Find more sample prescriptions at nyc.gov/health

3 FOLLOW UP

Within 48 hours of the patient’s quit date, provide supportive counseling.

- Ask, and make note of, patient’s preferred communication method (phone, email, etc.).
- Ask about withdrawal symptoms.
- Ask how the medication is working.
- Ask if there were any problems filling the prescription.
- Provide encouragement and support.
- Refer the patient to the New York State Quitline (1-866-NY-QUITS) for additional counseling and support between visits free-of-charge.

Six weeks after the quit date, assess progress.

- Assess medication use and effectiveness.
- Modify prescription as needed.
- Provide additional supportive counseling.
- Schedule additional follow-up as needed.

Establish an **office workflow** to ensure you will routinely assess patients’ progress.

Who will **assess smoking status** at the beginning of each visit (for example, front desk, medical assistant, nurse or provider)?

Who will **document smoking status** in the patient record?

Who will **counsel** and discuss the importance of quitting (for example, medical assistant, nurse or provider)?

Who will provide patient education materials?

Who will **document the treatment plan** in the patient chart?

Who will follow up on the quit attempt within 48 hours?
Who will follow up six weeks later?

Who will provide supportive counseling?

Who will document in the patient record?

Who will schedule the six-week and subsequent follow-up visits?

See the Smoking Cessation Medication Prescribing Chart for specific instructions on dosing, duration, precautions and contraindications, including those for pregnant women. *Choose 2 mg nicotine gum or lozenge if patient smokes first cigarette more than 30 minutes after waking; choose 4 mg nicotine gum or lozenge if patient smokes first cigarette 30 minutes or less after waking.