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. However, nationally, only 20 percent of patients receive counseling, and 8 percent are prescribed a medication.

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.

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 notice indicating 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. NRT is considered safe, but smokers may still experience 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.

Bupropion and Varenicline

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

Efficacy

NRT

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

Bupropion and Varenicline

These medications have been shown to be effective in increasing quit rates compared to placebo in several clinical trials.
Every office visit is an opportunity to help your patients quit smoking.

**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.”

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**Assist**

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

Choose one of these sample regimens.**

1. **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

1. **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.

**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.

*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.

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

1. Who will document smoking status in the patient record?
2. Who will assess smoking status at the beginning of each visit (for example, front desk, medical assistant, nurse or provider)?
3. Who will provide patient education materials?
4. Who will discuss the importance of quitting (for example, medical assistant, nurse or provider)?
5. Who will document in the patient record?
6. Who will counsel and discuss the importance of quitting for patients who do not smoke every day?
7. Who will provide additional supportive counseling after follow-up visits?
8. Who will schedule the six-week and subsequent follow-up visits?