

Smoking Cessation Medication Prescribing Chart

(See reverse for instructions and FAQs)

When a person stops smoking, you may need to adjust dosage of medications that interact with tobacco smoke. Visit www.nysmokefree.com/CME for further guidance.

Medication*	Suggested Regimen	Precautions	Contraindications	Potential Adverse Effects	
Nicotine Replacement Therapy (NRT)	Patch[†] Long acting NRT	≤10 cig/d, start with 14 mg/qd x 6 weeks, followed by 7 mg/qd x 2 weeks >10 cig/d, start with 21 mg/qd x 6 weeks, followed by 14 mg/qd x 2 weeks, followed by 7 mg/qd x 2 weeks	<ul style="list-style-type: none"> ■ Pregnancy Class D[‡] ■ Uncontrolled hypertension ■ TMJ disease, dental work, dentures (gum) ■ Skin disorders (patch) ■ MRI (patch) ■ Allergy to adhesive tape (patch) ■ Stomach ulcer (gum, lozenge, nasal spray, inhaler) ■ Sodium-restricted diet (gum, lozenge, nasal spray) ■ Reactive airway disease (inhaler, nasal spray) ■ Sinusitis, rhinitis (nasal spray) ■ Advise starting with the highest-dose patch available except for patients weighing less than 100 lbs 	<ul style="list-style-type: none"> ■ Heart attack within 2 weeks ■ Serious cardiac arrhythmia ■ Unstable angina 	<ul style="list-style-type: none"> ■ Symptoms of too much nicotine, like nausea, headache, dizziness, fast heartbeat ■ Jaw pain, dry mouth (gum) ■ Hiccups, heartburn (gum, lozenge) ■ Skin irritation, insomnia (patch) ■ Mouth and throat irritation (inhaler) ■ Bronchospasm (nasal spray, inhaler) ■ Nasal irritation, tearing, sneezing (nasal spray)
	Gum[†] Short acting NRT	1 st cig >30 mins after awakening, 2 mg/hr 1 st cig ≤30 mins after awakening, 4 mg/hr (both up to 24 pcs/day)			
	Lozenge[†] Short acting NRT	1 st cig >30 mins after awakening, 2 mg/hr 1 st cig ≤30 mins after awakening, 4 mg/hr (both up to 20 pcs/day)			
	Nasal spray Short acting NRT	1–2 sprays/hr, as needed (max 40/d up to 3 mos)			
	Inhaler Short acting NRT	Frequent continuous puffing for up to 20 mins at a time every hour, as needed (6–16 cartridges/d up to 6 months)			
The nicotine patch can be combined with a short acting NRT.					
Bupropion SR (Zyban[®], Wellbutrin[®])	Days 1–3: 150 mg po qd Day 4 to 7–12 weeks (or end of treatment): 150 mg po bid Can be maintained up to 6 months (24 weeks) Can be combined with NRT	<ul style="list-style-type: none"> ■ Pregnancy Class C[‡] ■ Uncontrolled hypertension ■ Severe cirrhosis – dose adjustment required ■ Mild-mod hepatic & mod-severe renal impairment – consider dose adjustment 	<ul style="list-style-type: none"> ■ MAO inhibitor in past 14 days ■ Seizure disorder, bulimia/anorexia ■ Abrupt discontinuation of ethanol or sedatives 	<ul style="list-style-type: none"> ■ Insomnia, dry mouth, headaches, pruritis, pharyngitis, tachycardia, seizures, neuropsychiatric effects and suicide risk <p>Boxed warning: Monitor for mood and behavior changes</p>	
Varenicline (Chantix[®])	Starting month pack: (start 1 week before quit date) 0.5 mg po qd x 3 days; THEN 0.5 mg po bid x 4 days; THEN 1 mg po bid x 3 weeks Continuing month pack: Week 5 to 12 (or end of treatment): 1 mg po bid Can be maintained up to 6 months (24 weeks) CANNOT be combined with NRT	<ul style="list-style-type: none"> ■ Pregnancy Class C[‡] ■ Seizure disorder ■ CrCl <30 or dialysis – dose adjustment required ■ May increase risk of CV events in patients with CVD ■ Operate heavy machinery ■ May lower alcohol tolerance 	<ul style="list-style-type: none"> ■ Known history of serious hypersensitivity or skin reactions to varenicline 	<ul style="list-style-type: none"> ■ Nausea, insomnia, abnormal dreams, constipation, neuropsychiatric effects, seizures, suicide risk and cardiovascular events <p>Boxed warning: Monitor for mood and behavior changes</p>	

*Consult the plan administrator or formulary to see the current medications covered – a list of all Medicaid Managed Care formularies can be found on pbic.nysdoh.suny.edu. New York State Medicaid Fee for Service covers all medications. Uninsured patients or those with gaps in coverage may want to consider New York City's official prescription discount card, BigAppleRx, which provides savings even on OTC medications (with a prescription).

[†] In 2013, the FDA did not identify any safety risks associated with longer-term use of OTC NRT products. Tailor to patient's needs if longer duration is necessary. Modifications to Labeling of NRT Products for OTC Human Use, 78 Fed. Reg 19718 (proposed 4/13/2013).

[‡] May consider if counseling alone is ineffective, the patient is highly motivated to quit, and the risk-benefit has been carefully assessed with patient.

^{||} Alternative regimen for varenicline is to instruct patient to take 1mg bid then select target quit date between Days 8 and 35 of treatment.

Note: Zyban[®] and Wellbutrin[®] are registered trademarks of GlaxoSmithKline. Chantix[®] is a registered trademark of Pfizer, Inc. The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene. Please consult prescribing information for complete usage and safety information, including boxed warnings.

Smoking Cessation Medication Brief Instructions and FAQs

Product	Nicotine Patch	Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Inhaler	Bupropion SR (Zyban®, Wellbutrin®)	Varenicline (Chantix®)
Brief Instructions	Apply 1 patch to clean, dry, hairless skin like upper arm, upper back, shoulders, lower back or hip. Avoid moisturizers under patch and wash hands after use. Replace daily after waking and rotate site daily.	Chew until a peppery taste and slight tingle occurs, then park between cheek and gum. When taste fades, chew again, then park in another area of mouth. Avoid eating and drinking for 15 mins before and after use.	Allow lozenge to dissolve slowly without chewing or swallowing. Avoid eating and drinking for 15 mins before and after use.	Blow nose if not clear and tilt head back. Insert bottle tip as far in nostril as comfortable, angling toward wall of nostril. Do not sniff while spraying. Wait 2–3 mins before blowing nose.	Inhale using short breaths or puffs to get vapor in mouth and throat but not lungs. Store cartridges at temperature range 60°F–77°F for maximum effectiveness.	Take with food. Take 1 pill x 3 days, then 2 pills starting day 4. Take second pill at least 8 hours after the first, but as early as possible to avoid insomnia.	Take with food and water as directed. Do not make up a missed dose by doubling up the next dose. Avoid using NRT with varenicline.
The nicotine patch can be combined with a short acting NRT (gum, lozenge, nasal spray or inhaler).							

Questions You May Receive from Your Patients and Examples of Responses

What should I do if the patch does not stick?

Place the patch on non-hairy skin with the heel of your hand and press for 10 seconds. Do not use moisturizing soap or lotion before applying the patch. You can use medical tape to help the patch stick better.

Can I become addicted to the patch?

Nicotine from the patch is delivered in a much steadier and lower quantity than nicotine from cigarettes, so the chance of becoming addicted is much lower.

If I have had major dental work done or wear dentures, should I use the gum or lozenge?

You should use the lozenge. The gum should generally be avoided if you have had major dental work and/or have dentures, braces or temporary crowns.

Can I use the patch and gum (or lozenge) at the same time?

Yes. Using the patch and gum (or lozenge) together helps many smokers quit. The patch provides a stable dose of nicotine throughout the day, while the gum or lozenge is short-acting and may help with withdrawal symptoms.

Can I use the patch, gum or lozenge after a brief relapse?

Yes, continued use of these medications after relapse is safe and can increase your chance of quitting.

How do I know if I'm getting too much or too little nicotine?

If you're getting too much nicotine, you may have a fast heartbeat, headache, upset stomach and/or feel dizzy or nauseous. If you have these symptoms, stop using the patch right away and call your doctor.

If you're getting too little nicotine, you may feel anxious, irritable, have difficulty concentrating, feel strong cravings, experience insomnia and/or have an increased appetite.

Do you have any medication that does not have nicotine?

Yes, bupropion and varenicline are two non-nicotine prescription medications that have been shown to be very effective in helping people quit. Bupropion is more effective when used in combination with nicotine replacement therapy.

I need more help to stop. How can I get it?

Talk to your doctor, call 311 to find quit-smoking programs, or call the NYS Smokers' Quitline at 1-866-NY-QUITS for additional counseling and medications. You can also visit nyc.gov and search for NYC Quits, an online resource for smokers and recent quitters.

For more provider and patient resources, visit nyc.gov and search TOBACCO CLINICIANS.

Brief instructions adapted with permission from the Tobacco Treatment Medication Dosing Chart at the Partnership for a Tobacco-Free Maine (tobaccofreemaine.org; search "medication chart").

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