Smoking Cessation and the Pharmacist

Jennifer Roberts
Assistant Director, Research Pharmacy
Objectives

• Review smoking cessation medication use, based on public health guidelines, as well as contraindications and precautions

• Describe insurance coverage for smoking cessation medications
Smoking Cessation Guidelines
PHS Guidelines

• Latest guidelines published in 2008

• A systematic review and meta-analysis of all available research related to treating tobacco use and dependence

• Published studies suggest that all 7 first line medications produce similar results
  • Varenicline monotherapy had highest effectiveness seen in meta-analysis review with 33% abstinence, when compared to placebo at 6 months post quit observation point
  • Combination of cessation medication + counseling is most effective strategy

• Literature now supports combination therapy of some of the first line medications

Beneficial to combine Nicotine patch with the following
- Nicotine gum
- Nicotine mini-lozenge or standard lozenge
- Nicotine spray
- Nicotine inhaler
- Bupropion SR
- Secondary medications such as Nortriptyline, Paroxetine or Venlafaxine

What about Varenicline + NRT?
- Studies show that it is safe to combine Varenicline + NRT but it does increase rate of nausea
- 2008 guideline does not list this as a recommended combination
- Clinicians may still combine short-acting NRT with Varenicline even though not recommended in current guidelines
- Research is ongoing
Things to consider

➢ What medication should be used for a patient who is highly nicotine dependent?

➢ Are cessation medications appropriate for light smokers?

➢ What is recommended for non-cigarette tobacco users?
  • Cigars or cigarellos?
  • Chewing tobacco or snuff?
  • Hookah Tobacco use?

➢ Is patient’s prior experience with a medication relevant?
  • OTC nicotine replacement
  • Varenicline or Bupropion used previously

➢ Which medications should be considered if patient is concerned about weight gain?

https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html

https://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482575.htm
Tobacco Products – Nicotine comparison

- **Cigarettes**
  - NRT studies most based on patient smoking one pack/day (20 cigarettes/day)
  - Most contain 1-2mg of Nicotine per cigarette
  - Approximately 20 puffs per cigarette

- **Cigars**
  - Some premium cigars contain tobacco equivalent of 20 cigarettes
  - Approximately 75% smokers don’t inhale and don’t smoke cigars on daily basis
  - Higher exposure to toxic substances, including Carbon monoxide.

- **Hookah**
  - Hour long smoking session involve 200 puffs
  - Second hand smoke – contains smoke from tobacco as well as heat source

- **Tobacco Chew or Snuff**
  - 1 can contains 144-150 milligrams of nicotine
  - 30 minute chew = 3 cigarettes
  - 2 cans/week habit = 1 ½  pack-a-day cigarette habit

https://www.verywellmind.com/nicotine-facts-you-should-know-2825019,
Current Patient Population
Arkansas Facts from CDC - Adults

Cigarette/Cigar Smoking

E-Cigarette Smoking

Adult Smokeless Tobacco Use (2016)

National Statistics
- Men 6.6%
- Women 0.5%
- Overall (≥18 y.o.) is 3.4%

Highest rates by State
- Wyoming 9.8%
- West Virginia 8.5%
- Arkansas 7.8%
- Montana 7.7%

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/use_us/index.htm
2017 National Youth Tobacco Survey

- Survey of middle and high school students and estimate use nationwide
- Approximately 1 in 5 high school students used a tobacco product
- Approximately 50% high school tobacco users reported using >2 tobacco products.
- Factors that promote youth to use tobacco products
  - Flavored tobacco
  - Product advertising through various media

https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a3.htm
Review of Cessation Medications

✓ Nicotine replacement (NRT) options
✓ Non-nicotine options
Nicotine Replacement Therapy (NRT)

• Provides a “clean” form of nicotine

• Reduces withdrawal symptoms and craving, allowing smoking to focus on changing behavior without intense distraction of symptoms

• At low doses the stimulant effects predominate while at high doses the reward effects predominate.

• Onset of action: Intranasal: More closely approximate the time course of plasma nicotine levels observed after cigarette smoking than other dosage forms
### Nicotine Patch

| Dosage | 21 mg/day patch for 4 weeks, then 14mg/day patch for 2 weeks, then 7mg/day patch for 2 weeks  
*Recommended dosing based on patient smoking 20 cigarettes/day* |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Usually 8 weeks, but may need to modify plan based on patient’s level of smoking</td>
</tr>
<tr>
<td>Can you “cut” patches?</td>
<td>It is <strong>not</strong> recommended to cut patches</td>
</tr>
</tbody>
</table>
| Adverse Effects/ Issues | Local skin irritation  
Patch “falls off” when working outside in AR on hot days  
Insomnia  
*OTC product and some patients have started with either too high patch size (based on smoking level) or too low patch size.* |

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Pharmacotherapy – Nicotine Gum

• Dosage Forms (available in multiple flavors)
  • 2mg gum
  • 4mg gum

• Recommended Dosing
  • If smoke 1-24 cigarettes/day, 2mg gum as needed up to 24 pieces/day
  • If smoke > 25 cigarettes/day, 4mg gum as needed up to 24 pieces/day
  • Chew gum briefly, then park between cheek and gums

• Duration – up to 12 weeks (may be used as needed up to 6 months)

• Precaution – Avoid in patients with dentures

• Adverse Effects/Issues
  • Mouth soreness
  • Upset stomach, heartburn
  • Note: If patient has tried this on their own, probably used it incorrectly and not followed instructions on packaging

Pharmacotherapy – Nicotine Lozenge

• Dosage Forms (available in multiple flavors)
  • Mini Lozenge and original Lozenge
  • 2mg and 4mg strengths

• Recommended Dosing
  • Time to 1st cigarette >30 min., 2mg
  • Time to 1st cigarette ≤ 30 min., 4mg
  • May use 4-20 lozenges per day

• Duration – up to 12 weeks (may be used as needed up to 6 months)

• Adverse Effects/Issues
  • Nausea
  • Upset stomach, heartburn
  • Regular lozenges don’t dissolve completely
Pharmacotherapy – Nicotine Inhaler

• Dosing
  • May use 6-16 cartridges/day. In general, use 1 cartridge every 1-2 hours
  • Recommended duration is up to 6 months. Gradually reduce dosage every 6-12 weeks as tolerated.
  • Requires a prescription

• Directions
  • Inhale into back of throat or puff in short breaths
  • Nicotine cartridge is depleted after 20min of active puffing

• Side effects
  • Mild irritation of mouth and throat
  • Cough
  • Rhinitis
  • Dyspepsia
## Pharmacotherapy – Nicotine Inhaler

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients can easily titrate therapy to manage withdrawal symptoms</td>
<td>• Need for frequent dosing can decrease compliance</td>
</tr>
<tr>
<td>• The inhaler mimics the hand-to-mouth ritual of smoking</td>
<td>• Initial throat and mouth irritation can be bothersome</td>
</tr>
<tr>
<td></td>
<td>• Cartridges should be stored in very warm conditions</td>
</tr>
<tr>
<td></td>
<td>• Patients with underlying bronchospastic disease must use the inhaler with caution</td>
</tr>
</tbody>
</table>
Pharmacotherapy – Nicotine Spray

• **Dosing**
  - Available in 10ml spray bottle (10mg/ml)
  - One dose = 1 spray to each nostril (total of 1mg nicotine delivered)
  - Start with 1-2 doses per hour, increase as needed to MAXIMUM dosage of 5 doses/hr (or 40mg daily)
  - Best results, patients should use at least 8 doses daily for the first 6-8 weeks, then taper off over additional 4-6 weeks
  - Requires a prescription
  - *Note:* Based on 8 doses/day may need 3 bottle/month

• **Directions**
  - Blow nose before use
  - Tilt head back slightly and insert bottle into nostril
  - Breathe through mouth, and spray in each nostril
  - May cause tearing, coughing and sneezing after administration

Pharmacotherapy – Nicotine Spray

Side Effects
✓ Mild irritation of mouth or throat
✓ Cough, headache, rhinitis
✓ Dyspepsia

Pros
✓ Patient can easily titrate therapy to manage withdrawal symptoms

Cons
✓ Need for frequent dosing can compromise compliance
✓ Nasal/throat irritation may be bothersome
✓ Higher dependence potential
✓ Patients with chronic nasal disorders or severe reactive airway disease should not use the spray.
Pharmacotherapy - Bupropion SR

• MOA – Mechanism not fully understood. Bupropion is weak inhibitor of neuronal uptake of norepinephrine and dopamine, and does not reuptake serotonin.

• Brand names: Wellbutrin SR (BID), Wellbutrin XL (daily), Zyban

• Available in generic form (100mg, 150mg and 200mg tablets)

• Onset of action is 1-2 weeks

• **Avoid** in patients with prior diagnosis of anorexia or bulimia nervosa

• **Avoid** in patients undergoing abrupt discontinuation of sedatives or alcohol withdrawal

• Use with caution if patient has following
  • History of seizure
  • History of cranial trauma
  • Takes medication that lowers the seizure threshold

• Might be option for those concerned about weight gain
Bupropion SR

**Dosing**

- 150mg orally QAM x 3 days, then BID for 7-12 weeks
- Maximum dose is 300mg/day
- Begin Bupropion 1-2 weeks PRIOR to quit day
- If no significant progress by 7th week, therapy is unlikely successful

<table>
<thead>
<tr>
<th>Side Effects</th>
<th>Neuropsychiatric symptoms reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia (31-45%) – avoid bedtime dosing</td>
<td>Changes in mood, agitation, anxiety, panic</td>
</tr>
<tr>
<td>Dry mouth (10%)</td>
<td>Psychosis, hallucinations, paranoia, delusions</td>
</tr>
<tr>
<td>Tremor (3%)</td>
<td>Homicidal ideation, hostility</td>
</tr>
<tr>
<td>Skin rash (2%)</td>
<td>Suicidal ideation or attempts</td>
</tr>
<tr>
<td><strong>Varenicline</strong></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td><strong>MOA</strong></td>
<td>Partial neuronal nicotinic receptor agonist</td>
</tr>
<tr>
<td></td>
<td>Bottom line – Works by blocking reinforcement and reward associated with smoking, resulting in reduced symptoms of withdrawal.</td>
</tr>
<tr>
<td><strong>Precautions, Contraindications</strong></td>
<td>Patients with significant kidney disease or on dialysis</td>
</tr>
<tr>
<td></td>
<td>Neuropsychiatric symptoms and suicide risk</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular adverse events in patients with existing cardiovascular disease</td>
</tr>
<tr>
<td><strong>Adverse Effects</strong></td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td>Insomnia</td>
</tr>
<tr>
<td></td>
<td>Abnormal or vivid dreams (less than 5%)</td>
</tr>
<tr>
<td></td>
<td>Depressed mood and other psychiatric symptoms</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation (reported post-marketing)</td>
</tr>
<tr>
<td><strong>Dosage</strong></td>
<td>0.5mg/day x 3 days, 0.5mg BID x 4 days, then 1mg BID (begin treatment one week pre-quit)</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>3-6 months</td>
</tr>
</tbody>
</table>

Tobacco chew alternatives

Smokeless tobacco users may need to find a substitute to use while quitting tobacco

• Non-nicotine “fake” chews/snuffs are available and ingredients vary
  • Herbs
  • Coffee grounds
  • Tea leaves
• Other options to suggest include
  • Sugarless gum or hard candy
  • Sunflower seeds
  • Beef jerky – imitates texture of chew, but has a lot of calories

https://www.killthecan.org/
Question

Patient JB is a 55 y.o. male who has decided to quit chewing tobacco. Patient has dentures.

Number of cans/chew per week = 2-2 ½ cans
Uses smokeless tobacco within 30 minutes of waking.

Which of the following smoking cessation medication/aids might be appropriate for this patient?

1. Nicotine patch + nicotine gum
2. Bupropion + nicotine mini-lozenge
3. Tobacco chew alternative
Insurance and Smoking Cessation Therapy
## Cost of Cessation Therapy

<table>
<thead>
<tr>
<th>Drug Product</th>
<th>Dose/Usage</th>
<th>Avg. Wholesale Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine patch</td>
<td>Standard 8 week dosing</td>
<td>$95-160</td>
</tr>
<tr>
<td>Nicotine gum</td>
<td>20 pieces/day (2 or 4mg) per month</td>
<td>$240-600</td>
</tr>
<tr>
<td>Nicotine lozenge</td>
<td>10 lozenges/day (2 or 4mg) for a month</td>
<td>$145</td>
</tr>
<tr>
<td>Nicotine mini-lozenge</td>
<td>10 lozenges/day (2 or 4mg) for a month</td>
<td>$180</td>
</tr>
<tr>
<td>Nicotine spray</td>
<td>8 doses daily x 1 month</td>
<td>$330</td>
</tr>
<tr>
<td>Nicotine inhaler</td>
<td>6-12 cartridges per day (one box of 168 cartridges)</td>
<td>$420</td>
</tr>
<tr>
<td>Varenicline</td>
<td>1 month starter pak</td>
<td>$415</td>
</tr>
<tr>
<td>Bupropion SR 150mg tab</td>
<td>150mg BID (60 tabs)</td>
<td>$195 (generic) $300 (Zyban)</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>20 cigarettes/day for a month</td>
<td>$180-240</td>
</tr>
</tbody>
</table>

Lexi-comp database 2018
Affordable Care Act and Smoking Cessation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cessation medication coverage (no OTC NRT)</td>
<td>Cessation medication coverage (all FDA-approved products)</td>
<td>Cessation medication coverage (all FDA-approved products) – up to 90 days</td>
<td>Plans may opt to cover cessation medications</td>
</tr>
<tr>
<td>4 sessions individual counseling</td>
<td>Individual, group and phone counseling – for pregnant women</td>
<td>4 sessions of individual, group or phone counseling</td>
<td></td>
</tr>
<tr>
<td>Up to 2 quit attempts/year</td>
<td>Up to 2 quit attempts/year</td>
<td>No PA for treatment</td>
<td>Cost sharing – copays, deductibles still used</td>
</tr>
<tr>
<td>Annual prevention visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Arkansas Medicaid

• The following NRT products are covered by AR Medicaid
  • Nicotine patches
  • Nicotine gum
  • Nicotine lozenges
  • Nicotine inhaler
  • Nicotine spray
  • Bupropion SR (generic)
  • Varenicline

• Will cover up to 187 days of NRT, Varenicline or Buproprion per year

• AR Medicaid Tobacco Cessation Program number – (800) 482-5431.
Medicare part D

• Over-the-counter (OTC) NRT products are not covered

• The following are covered and copay will vary
  • Nicotine spray
  • Nicotine inhaler
  • Bupropion SR (generic) or Wellbutrin covered
  • Varenicline

• Variety of Medicare part D providers in Arkansas

<table>
<thead>
<tr>
<th>Plan</th>
<th>Varenicline</th>
<th>Bupropion</th>
<th>OTC NRT**</th>
<th>Other NRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold, Bronze, Silver plans</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay $(quantity limited)</td>
<td></td>
</tr>
<tr>
<td>Step therapy formulary (includes BCBS  Health Advantage)</td>
<td>$30 copay (Tier 2)</td>
<td>$30 copay (Tier 2)</td>
<td>$0 copay</td>
<td>$0 copay $(quantity limited)</td>
</tr>
<tr>
<td>Standard therapy formulary</td>
<td>$30 copay (Tier 2)</td>
<td>$30 copay (Tier 2)</td>
<td>$0 copay</td>
<td>$0 copay $(quantity limited)</td>
</tr>
</tbody>
</table>

**Physician prescription required

http://www.blueadvantagearkansas.com/pd_list/default.aspx
### Other Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Varenicline</th>
<th>Bupropion</th>
<th>OTC NRT**</th>
<th>Other NRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMR (United Healthcare plan)</td>
<td>$0 copay (30 or 90 day RX)</td>
<td>$15 copay (30 day), $45 copay (90 day)</td>
<td>$0 copay</td>
<td>$50 copay (30 day), $150 copay (90 day mail order)</td>
</tr>
<tr>
<td>Tricare*</td>
<td>$0 copay (90 day supply)</td>
<td>$0 copay (90 day supply)</td>
<td>$0 copay (90 day supply)</td>
<td>$0 copay (90 day supply)</td>
</tr>
</tbody>
</table>

*Member services must approve cessation therapy. Drug supply will be provided by home delivery pharmacy. Cannot use retail pharmacy services.*

Summary

• PHS Guidelines note that most smokers see physician annually and other healthcare professionals, such as dentist, nurse, and pharmacist on a routine basis. All patients should be screened for tobacco use and advised to quit. If willing to quit, then assist patient with quitting process.

• Most effective treatment is combination of counseling + cessation medication.

• Cigar and smokeless tobacco users may benefit from NRT and initial dose for nicotine patch may be higher than cigarette smokers.

• Since implementation of Affordable Care Act, most insurance plans now provide coverage for some of the cessation medications, making it more affordable for patients to utilize cessation medications as part of quit plan.
Questions?
<table>
<thead>
<tr>
<th>Medication</th>
<th>Cautions</th>
<th>Side Effects</th>
<th>Dosage</th>
<th>Use</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bupropion SR 150</strong></td>
<td>Not for use if you: Current use a monoamine oxidase (MAO) inhibitor</td>
<td>Insomnia</td>
<td>Start 1 week prior to quit date</td>
<td>1-2 weeks before your quit date; use 2-6 months</td>
<td>Prescription Only: Generic; Zyban; Wellbutrin SR</td>
</tr>
<tr>
<td></td>
<td>Use bupropion in any other form</td>
<td>Dry Mouth</td>
<td>Days 1-3: 150 mg each morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have a history of seizures</td>
<td></td>
<td>Day 4-end: 150 mg twice daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have a history of eating disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nicotine Gum (2 mg or 4 mg)</strong></td>
<td>Caution with dentures</td>
<td>Mouth soreness</td>
<td>≤20 cpd = 2 mg</td>
<td>Up to 12 weeks or as needed</td>
<td>OTC Only: Generic; Nicorette</td>
</tr>
<tr>
<td></td>
<td>Don’t eat or drink 15 minutes before or during use</td>
<td>Stomach ache</td>
<td>&gt;20cpd = 4 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chew briefly and park between cheek &amp; gum</td>
<td></td>
<td>1 piece every 1 to 2 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-15 pieces per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nicotine Inhaler</strong></td>
<td>May irritate mouth/throat at first (but improves with use)</td>
<td>Local irritation of mouth and throat</td>
<td>6-16 cartridges/day</td>
<td>Up to 6 months: taper at end</td>
<td>Prescription Only: Nicotrol inhaler</td>
</tr>
<tr>
<td></td>
<td>Don’t eat or drink 15 minutes before or during use</td>
<td></td>
<td>Inhale 80 times/cartridge</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>May save partially-used cartridge for next day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nicotine Lozenge (2 mg or 4 mg)</strong></td>
<td>Do not eat or drink 15 minutes before or during use</td>
<td>Hiccups</td>
<td>2 mg: If you don’t smoke/chew for 30 minutes or more after waking</td>
<td>3-5 months</td>
<td>OTC Only: Generic; Commit</td>
</tr>
<tr>
<td></td>
<td>One lozenge at a time</td>
<td>Cough</td>
<td>4 mg: If you smoke/chew within 30 minutes of waking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limit 20 in 24 hours</td>
<td>Heartburn</td>
<td>Wks 1-6: 1-2 every 1-2 hours</td>
<td></td>
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<td></td>
<td></td>
<td>Wks 7-9: 1-2 every 2-4 hours</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Wks 10-12: 1 every 4-8 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nicotine Nasal Spray</strong></td>
<td>Not for patients with asthma</td>
<td>Nasal irritation</td>
<td>1 “dose” = 1 squirt per nostril</td>
<td>3-5 months taper at end</td>
<td>Prescription Only: Nicotrol NS</td>
</tr>
<tr>
<td></td>
<td>May irritate nose (improves over time)</td>
<td></td>
<td>1 to 2 doses per hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May cause dependence</td>
<td></td>
<td>8 to 40 doses per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do NOT inhale</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nicotine Patch</strong></td>
<td>Do not use if you have severe eczema or psoriasis</td>
<td>Local skin reaction</td>
<td>≥40 cpd = 42 mg/day</td>
<td>2-12 weeks after 4-5 weeks abstinence, taper every 2-4 weeks</td>
<td>OTC: Generic; Nicoderm CQ; Nicotrol Prescription: Generic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insomnia</td>
<td>21-30 cpd = 28-35 mg/day</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10-20 cpd = 14-21 mg/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;10 cpd = 14 mg/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varenicline</strong></td>
<td>Use with caution in patients:</td>
<td>Nausea</td>
<td>Start 1 week prior to quit date</td>
<td>Start 1 week before quit date; use 3-6 months</td>
<td>Prescription Only: Chantix</td>
</tr>
<tr>
<td></td>
<td>With significant renal impairment</td>
<td>Insomnia</td>
<td>Take with food</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>With serious psychiatric illness</td>
<td>Abnormal, vivid or strange dreams</td>
<td>Days 1-3: 0.5 mg every morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undergoing dialysis</td>
<td></td>
<td>Days 4-7: 0.5 mg twice daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FDA Warning: Varenicline patients have reported depressed mood, agitation, changes in behavior, suicidal ideation and suicides</td>
<td></td>
<td>Days 8-end: 1 mg twice daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Combinations</strong></td>
<td>Only patch + bupropion is currently FDA-approved</td>
<td>See individual medications above</td>
<td></td>
<td>See above</td>
<td></td>
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<tr>
<td>1. Patch + bupropion</td>
<td>Follow instructions for individual medications</td>
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<tr>
<td>2. Patch+gum</td>
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<tr>
<td>3. Patch+Lozenge OR inhaler</td>
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</table>

Other Resources


- Agency for Healthcare Research and Quality (AHRQ) website (https://www.ahrq.gov/evidencenow/about/pcor-evidence/smoking-cessation.html)

- NCCN Guideline on Smoking Cessation (https://www.NCCN.org)

- Smokefree.gov – site for patients to use

- American Lung Association – Freedom from Smoking Program (8 week group quit program)
Youth Tobacco Use in the U.S.
Key Findings From the 2017 National Youth Tobacco Survey

Current Use of Any Tobacco Product in 2017

1 in 5 high school students currently used a tobacco product.

1 in 18 middle school students currently used a tobacco product.

Of those students who currently used a tobacco product, many reported using two or more tobacco products.

46.8% High School Students
41.8% Middle School Students

Most Used Tobacco Products in 2017

E-cigarettes continue to be the most commonly used tobacco product among middle and high school students.

2.1 M Used E-cigarettes
1.4 M Used Cigarettes
1.3 M Used Cigars