



Pharmacotherapy for Tobacco Cessation: Practice & Policy

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Presenter

- **David Albert, DDS, MPH**, NYP PPS Tobacco Project Lead & Medical Director for the NYP Fort Washington Dental Clinic



AMAZING
THINGS
ARE
HAPPENING
HERE

Pharmacotherapeutics

March 22, 2017

David Albert, DDS, MPH, Project Lead
NYP Tobacco Cessation Program

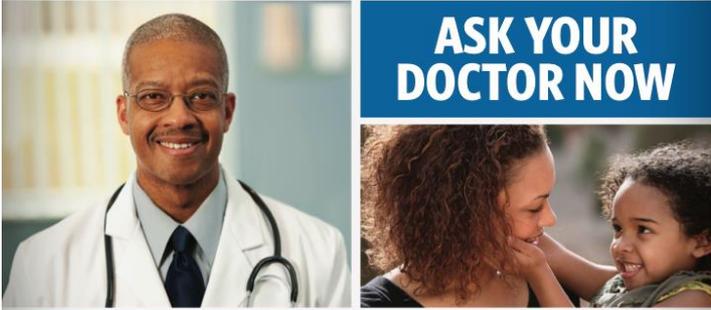
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212-342-8588



Medicaid & Pharmacotherapeutics

MEDICAID CAN HELP YOU QUIT SMOKING



ASK YOUR DOCTOR NOW

Medications covered for Medicaid enrollees can vary by plan and may include:

- Nicotine patch, gum, lozenge, nasal spray, inhaler
- Zyban® (bupropion)
- Chantix® (varenicline)

Using quit-smoking medications can double your chances of quitting smoking for good. Talk to your doctor about a quit plan that is right for you.

- Quit-smoking medications reduce cravings and decrease withdrawal symptoms.
- Your doctor or health care provider can also offer counseling to help you quit.

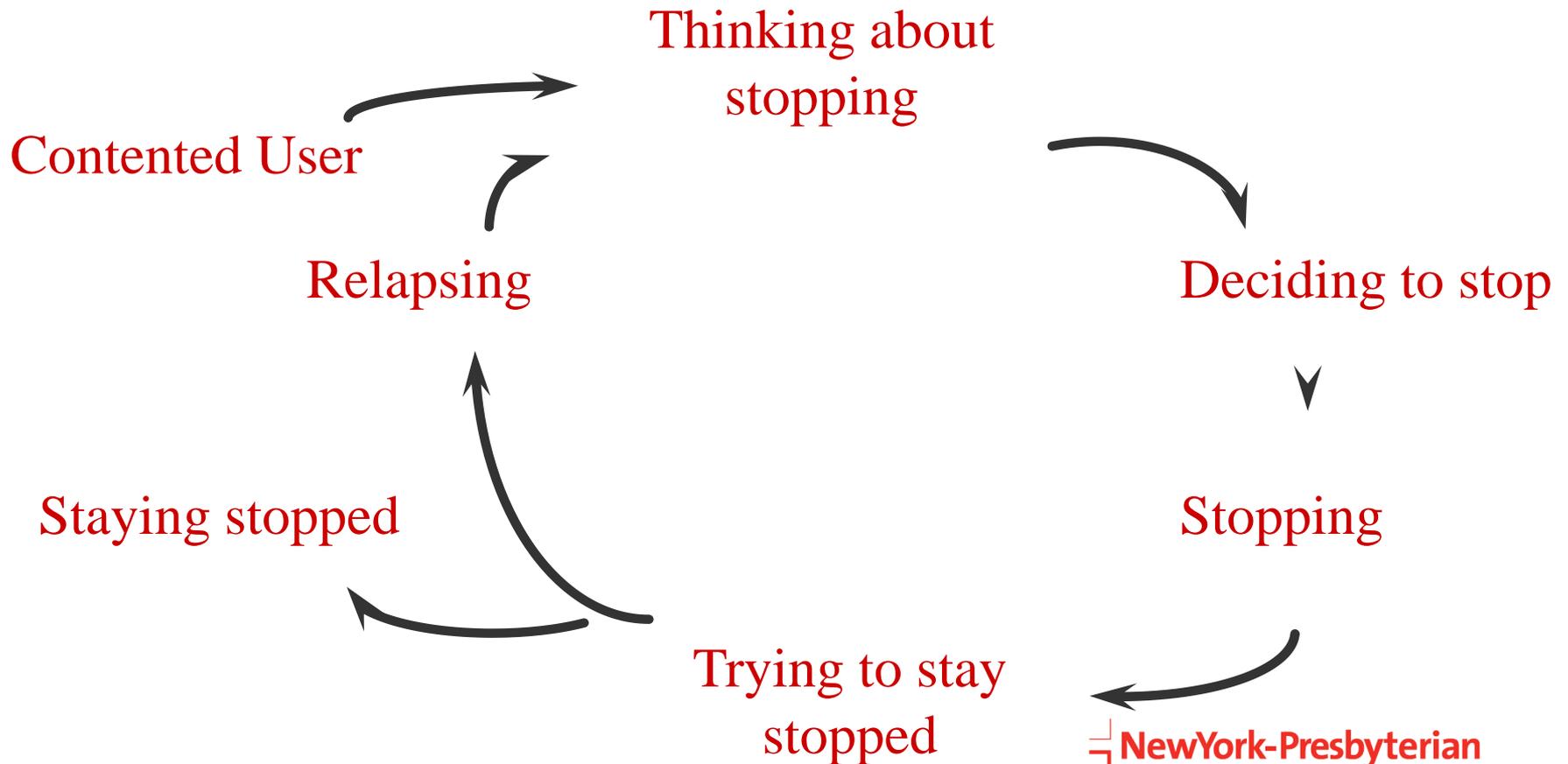
Quit smoking today. Ask your doctor for help.

 **ACCESSNYC**
BENEFIT INFORMATION. ONE PLACE.

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Health

Zyban® is a registered trademark of GlaxoSmithKline. Chantix® is a registered trademark of Pfizer, Inc.

Stopping Tobacco Use is a Process



Treating Tobacco Use and Dependence- USPHS

- **The evidenced-based clinical practice guideline Treating Tobacco Use and Dependence can serve as the basis for educating clinicians on “flagging” patients smoking behaviors and advising them to quit**
 - **The guideline provides an overview of research-supported intervention strategies (including medications) designed and tested to help smokers. A brief structured approach with 5 steps called the “5 A’s (Ask about tobacco use, Advise to quit, Assess willingness to make a quit attempt, Assist in quit attempt, and Arrange follow-up) has been developed to intervene with smokers in the primary care setting**

Five A's

- **The proper management of the patient requires an understanding of when it is appropriate to utilize the 5A's in practice and alternatively when a patient's tobacco addiction requires referral and treatment within a more comprehensive setting.**

ASSESS

Ask every tobacco user if he or she is willing to make a quit attempt at this time (for example, within two weeks).



First-Line Medications

- **Nicotine Replacement Therapy (NRT)**
 - Patch (OTC)
 - Gum (OTC)
 - Lozenge (OTC)
 - Oral Inhaler (Rx)
 - Nasal Spray (Rx)
- **Non-Nicotine Medications**
 - Varenicline (Chantix, Rx)
 - Bupropion Hydrochloride (Rx)

Effectiveness of First Line Medications

Results from meta-analyses comparing to placebo (6 month F/U)

Medication	No. Studies	OR	95% CI
Nic. Patch (6-14 wks)	32	1.9	1.7-2.2
Nic. Gum (6-14 wks)	15	1.5	1.2-1.7
Nic. Inhaler	6	2.1	1.5-2.9
Nic. Spray	4	2.3	1.7-3.0
Bupropion	26	2.0	1.8-2.2
Varenicline (2mg/day)	5	3.1	2.5-3.8

PHS Clinical Practice Guideline 2008 Update

Ask

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, Kotzawa L, Frazier RC, Rickert W, Robinson J. Measuring the Healthiness of Smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Br J Addict* 1988;84(7):791-798.

NYC
Health

▼ Español al reverso

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

Assist

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

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	<ul style="list-style-type: none"> ≤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	<ul style="list-style-type: none"> 1st cig >30 mins after awakening, 2 mg/hr 1st cig ≤30 mins after awakening, 4 mg/hr (both up to 24 pcs/day) 			
	Lozenge[†] Short acting NRT	<ul style="list-style-type: none"> 1st cig >30 mins after awakening, 2 mg/hr 1st 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[®])	<ul style="list-style-type: none"> 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><small>As of December 16, 2016, the FDA removed the Boxed Warning for this medication. https://www.fda.gov/Drugs/DrugSafety/ucm532221.htm</small></p>	
Varenicline (Chantix[®])	<ul style="list-style-type: none"> 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><small>As of December 16, 2016, the FDA removed the Boxed Warning for this medication. https://www.fda.gov/Drugs/DrugSafety/ucm532221.htm</small></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 public.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.

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 "Tobacco Treatment Medication Chart").
 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.

Safety and Efficacy

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 inserts^{7,8} and the 2009 FDA alert⁹ for more information.

Efficacy

NRT

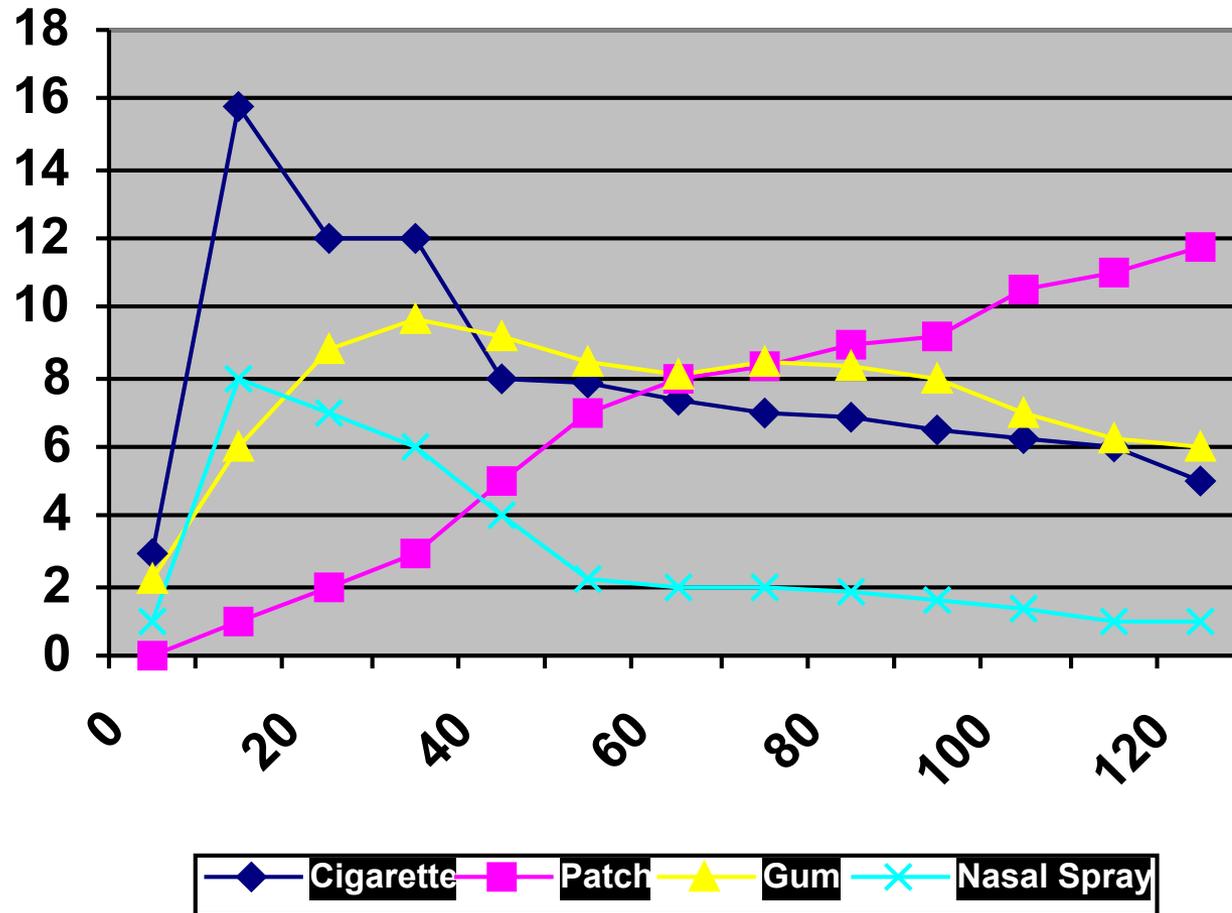
Several studies examining the use of nicotine patch with other products (such as nicotine lozenge, nasal spray, inhaler and bupropion) and bupropion combined with nicotine lozenge in patients who smoked more than 10 cigarettes per day demonstrated higher quit rates than those who received monotherapy.¹⁰⁻¹⁵

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.

Plasma nicotine levels after a cigarette vs. different types of pharmacotherapy



Pharmacotherapeutics

GUM



NRT - Patch

- **Discuss side effects**
 - increases the chance that a patient will communicate serious side effects to you so that changes to the medication can be made
 - This enhances the overall care experience as well as the likelihood of a successful quit

Nicotine Patch

Nicotine Patch 21mg, 14mg, 7mg Stepdown
≥ 10 cig/24hr

DEA# GB000000 Lic. # ME 0000000

David A. Albert, DDS
24 IMPERIAL DRIVE
SELDEN, NY 11784
TEL: (631) 696-4900 FAX: (631) 696-4901

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx

Nicotine Patch, 21mg
3 boxes (42 patches)
Apply one patch daily
to dry hairless skin.
Apply to different area
of upper body each
day.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS - NAT PRESC T
1-866-696-0800

DEA# GB000000 Lic. # ME 0000000

David A. Albert, DDS
24 IMPERIAL DRIVE
SELDEN, NY 11784
TEL: (631) 696-4900 FAX: (631) 696-4901

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx

Nicotine Patch, 14mg
1 boxes (14 patches)
Apply one patch daily
to dry hairless skin.
Apply to different area
of upper body each
day.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS - NAT PRESC T
1-866-696-0800

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24 IMPERIAL DRIVE
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TEL: (631) 696-4900 FAX: (631) 696-4901

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx

Nicotine Patch, 7mg
1 boxes (14 patches)
Apply one patch daily
to dry hairless skin.
Apply to different area
of upper body each
day.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS - NAT PRESC T
1-866-696-0800

Nicotine Patch

Nicotine Patch 14mg, 7mg Stepdown
<10 cig/24hr or <100lbs

DEA# GB000000 Lic. # ME 0000000

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SELDEN, NY 11784
TEL: (631) 696-4900 FAX: (631) 696-4901

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ADDRESS _____ DATE _____

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to dry hairless skin.
Apply to different area
of upper body each
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(SIGNATURE)

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NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx
Nicotine Patch, 7mg
1 boxes 14 patches)
Apply one patch
daily to dry hairless
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upper body each
day.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS -NAT PRESC T
1-866-696-0800

NRT - Lozenge



- In the following video the clinician takes the time to show his patient what a nicotine lozenge looks like, how it works, and also explains why he is recommending the higher of the two doses that are available.
- It is important to note that the clinician also provides his patient with an opportunity to ask questions.

Lozenge

- **Week 1 - 6: Use one lozenge every 1 to 2 hours.**
- **Weeks 7 - 9: Use one lozenge every 2 - 4 hours.**
- **Weeks 10 - 12: Use one lozenge every 4 - 8 hours.**

DEA# G8000000 LIC. # ME 0000000

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NAME _____ AGE _____
ADDRESS _____ DATE _____

R

Nicotine Lozenge, 4mg
4 boxes (288 lozenges)
Weeks 1-6 Use one lozenge every 1-2 hours for a total of about 10 lozenges each day. Dissolve in mouth slowly while moving lozenge from side to side.

Weeks 7-9 Use one lozenge every 2-4 hours

Weeks 10-12 Use one lozenge every 4-8 hours

Do not eat or drink 15 minutes before or while using lozenge. Do not use more than 24 lozenges per day.

(SIGNATURE) _____

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS - NAT PRES T
1-866-696-0800

NRT- Gum



Combination Therapy: Nicotine Patch and Nicotine Lozenge

Depending on number of cigarettes smoked and level of addiction write:

Nicotine Patch 21mg Stepdown
≥ 10 cig/24hr

OR

Nicotine Patch 14mg Stepdown
<10 cig/24hr or <100lbs

AND

Write a prescription for Nicotine Lozenge

Combination Therapy

- In this example, the patient has been unsuccessful when trying to quit smoking using the nicotine patch alone and so the clinician recommends the combined use of the nicotine patch and lozenge.

Combination Therapy: Lozenge

NOTE:
This is
different from
the Lozenge
only
prescription

DEA# G8000000	Lic. # ME 0000000
David A. Albert, DDS	
24 IMPERIAL DRIVE SELDEN, NY 11784 TEL: (631) 696-4900 FAX: (631) 696-4901	
_____ NAME _____ AGE _____	
ADDRESS _____ DATE _____	
R	Nicotine Lozenge, 4mg 2 boxes (144 lozenges)
	Use 1 lozenge only when you experience a craving for a cigarette. Dissolve in mouth slowly while moving lozenge from side to side.
	Do not eat or drink 15 minutes before or while using lozenge. Do not use more than 24 lozenges per day.
	_____ (SIGNATURE)
<input type="checkbox"/> LABEL REFILL 0 1 2 3 4 5 PRN	DRS - NAT PRESC T 1-866-696-0800

Prescription Medications

- **Bupropion SR (Zyban, Wellbutrin)**
 - Antidepressant effective in smoking cessation.
 - 20% of smokers quit on Bupropion
 - Most effective with smokers with depression
- **Varenicline (Chantix)**
 - Nicotine agonist
 - 40% of smokers quit on Varenicline
 - Effective even with smokers not motivated to quit

Bupropion Hydrochloride SR

- Dopamine and norepinephrine (noradrenaline) effects
- Reduces cravings, withdrawal
- Improved abstinence rates in trials
 - Start 7-10 days prior to quit date
 - Continue 7-12 weeks or longer
(> 6 months)
- Contraindicated in patients with history of seizures or bulimia
- Noncompetitive nicotinic receptor antagonist
- Side effects- headache, insomnia

Varenicline - Chantix

- **Taking the time to be sure a patient fully understands any potential risks that are involved when talking a medication, including varenicline, is an essential step in prescribing medication.**

Chantix

- Chantix available in 0.5 mg (white tablet) and 1 mg (blue table) doses.
- Start Chantix 7 – 14 days before quit date
 - Day 1 – 3: 0.5 mg, 1 tablet each day
 - Day 4 – 7: 0.5 mg, BID (AM/PM)
 - Day 8 to end of treatment: 1 mg BID
- Take Chantix for 12 + weeks
- Take Chantix after eating, with a full glass of water

ABOUT CHANTIX

Chantix is a non-nicotine prescription pill designed to help adults stop smoking.

Chantix is believed to work by mimicking nicotine by stimulating nicotine receptors to release dopamine while at the same time blocking nicotine from stimulating the nicotine receptors. Although the Chantix dopamine release is modulated and less than what a smoker would receive from having a cigarette, it is longer lasting and remains throughout the day as long as it is taken as directed. Additionally, even if your patient relapses and has a cigarette, the cigarette doesn't give the pleasurable sensation it normally would.



- Best for: Smokers who...
- Never use if: kidney disease or mental illness is present
- Available in 1.0 mg blue tablets or .5 mg white tablets.
- Most people take Chantix for 12 weeks, some take it for as long as 24 weeks



Chantix

- **Patients taking CHANTIX have reported serious neuropsychiatric events including:**
 - Depression
 - Suicidal Ideation
 - Suicide Attempt
- **While nicotine withdrawal can result in depressed mood, all patients taking CHANTIX should be observed for behavior changes including:**
 - Hostility
 - Agitation
 - Depressed Mood
 - Suicidal-related Events

Chantix

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NAME _____ AGE _____
ADDRESS _____ DATE _____

R

Chantix, 0.5mg
11 tablets
Begin taking Chantix one week before your quit date. Days 1 to 3: 0.5 mg once a day. Days 4 to 7: 0.5 mg twice a day. Take after eating and with a full glass of water. Separate doses by 8 hours or more.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS -NAT PRESC T
1-866-696-0800

DEA# GB000000 Lic. # ME 0000000

David A. Albert, DDS
24 IMPERIAL DRIVE
SELDEN, NY 11784
TEL: (631) 696-4900 FAX: (631) 696-4901

NAME _____ AGE _____
ADDRESS _____ DATE _____

R

Chantix, 1.0mg
56 tablets
1.0 mg twice a day for 28 days. Take after eating and with a full glass of water. Separate doses by 8 hours or more.

(SIGNATURE)

LABEL
REFILL 0 1 2 3 4 5 PRN

DRS -NAT PRESC T
1-866-696-0800

Assume that all patients have a **non-significant health history** and **no prior quit attempts**.

1/2 Pack Per Day



1/2 pack per day

Question #1: How many milligrams of nicotine are obtained from smoking 1/2 pack of cigarettes?

- a) 5 mg
- b) 10 mg
- c) 15 mg
- d) 20 mg

Question #2: Which pharmacotherapeutics would be optimal for this patient?

- a) Patch
- b) Gum
- c) Lozenge
- d) Inhaler
- e) Nasal spray
- f) Bupropion
- g) Varenicline
- h) combination

	Patch
	Gum
	Lozenges
	Inhaler
	Nasal Spray
	Bupropion
	Varenicline
	Combination

Assume that all patients have a **non-significant health history** and **no prior quit attempts**.

1 Pack Per Day



Question #1: How many milligrams of nicotine are obtained from smoking 1 pack of cigarettes?

- a) 5 mg
- b) 10 mg
- c) 15 mg
- d) 20 mg

Question #2: Which pharmacotherapeutics would be optimal for this patient?

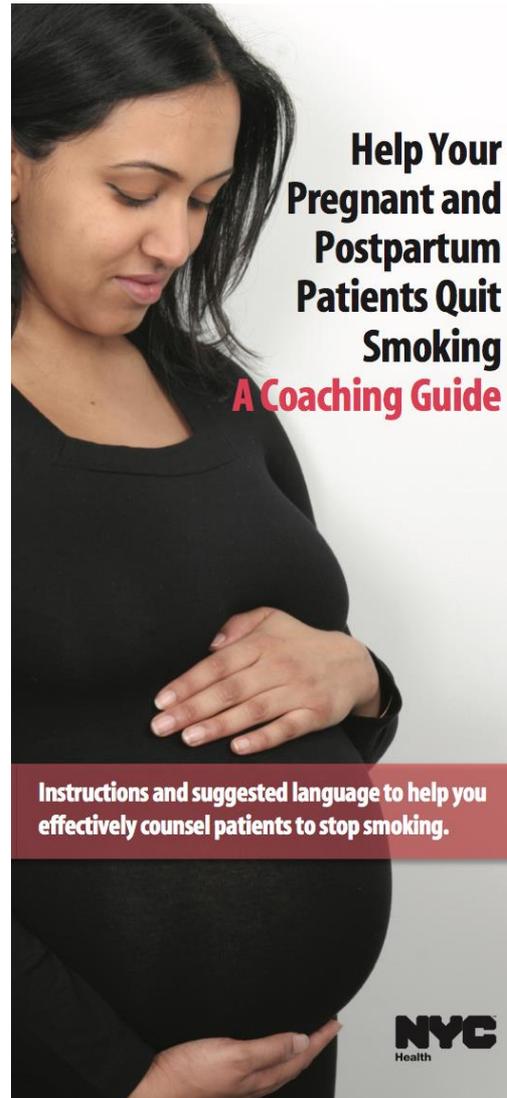
- a) Patch
- b) Gum
- c) Lozenge
- d) Inhaler
- e) Nasal spray
- f) Bupropion
- g) Varenicline
- h) combination



Tobacco Cessation & Pregnant Patients

NRTs Short Acting Category C
Patch Category D

Bupropion & Varenicline Category C
(Risk cannot be ruled out)



Tobacco Cessation & Adolescents

- Inconclusive evidence

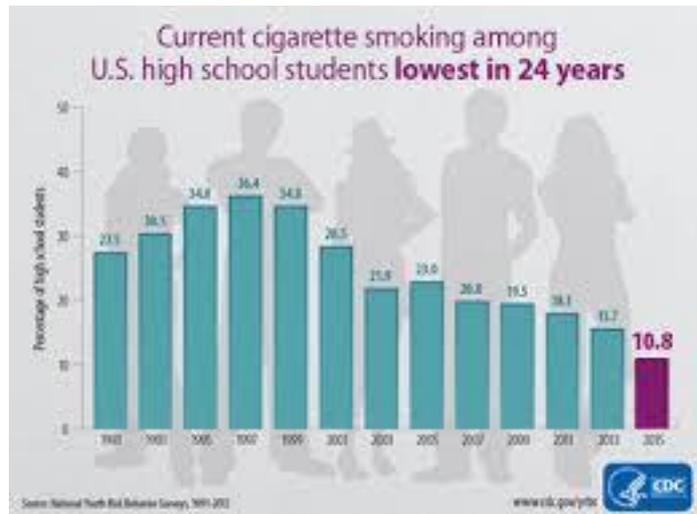


Table 3. Smoking Cessation Pharmacotherapy Trials in Adolescents*

Reference	Treatments (n)	Therapy Length (Follow-up)	Smoking Cessation†	Smoking Rate: Mean (SD) Cigarettes Per Day
Nicotine Replacement Trials				
Smith, et al. ¹⁷	Nicotine patch, n=22 (open label)	8 wks	13.6% (95% CI, 2.9%-34.9%)	Baseline: 23.3 (5) 8 wks: 1.6 (1.6)
		(6 mo)	4.5% (95% CI, 0.1%-22.8%)	6 mo: 9.4 (7.4)
Hurt, et al. ¹⁸	Nicotine patch, n=101 (open label)	6 wks	10.9% (95% CI, 5.6%-18.7%)	Baseline: 18.2 (6.2) 6 wks: 2.5 (3.5)
		(6 mo)	5% (95% CI, 1.6%-11.2%)	6 mo: 9.4 (6.5)
Hanson, et al. ¹⁹	Nicotine patch, n=50	10 wks	28% (SD 0.45) [‡]	Baseline: 16.3 10 wks: 3.7 (combined)
	Placebo, n=50		24% (SD 0.43)	
Moolchan, et al. ²⁰	Nicotine patch + placebo gum, n=34	12 wks	17.7% [§]	*Baseline: 7.7 (6.45) 12 wks: -80.4%
	Nicotine gum + placebo patch, n=46		6.5% [‡]	*Baseline: 18.9 (8.96) 12 wks: -85.1%
	Placebo patch + placebo gum, n=40		2.5%	*Baseline: 19.6 (9.7) 12 wks: -89.6%
Rubinstein, et al. ²¹	Nicotine nasal spray + counseling, n=23	12 wks	0% [‡]	Baseline: 10.6 (7.2) 12 wks: 4.8 (3.1)
	Counseling only, n=17		11%	Baseline: 8.8 (5.1) 12 wks: 7.8 (7.1)
Nicotine Replacement Therapy and Bupropion				
Killen, et al. ²³	Bupropion SR, n=108	8 wks NRT + 9 wks bupropion or placebo	23%	Not specified
	Placebo, n=103		28%	
Bupropion Trials				
Muramoto, et al. ²⁴	Bupropion SR 150 mg daily, n=105	6 wks	27% [‡]	Not measured
	Bupropion SR 150 mg twice daily, n=104		34% [§]	
	Placebo, n=103		20%	
Niederhofer, et al. ²⁵	Bupropion, n=11	90 days	55% [§]	90 days: Reduced in 5.4% of subjects
	Placebo, n=11		18%	90 days: Reduced in 5.9% of subjects
Upadhyaya, et al. ³⁰	Bupropion, n=16 (ADHD, n=11)	4 wks	31.25%	Baseline: 18.06 4 wks: <5 (not specified) [#]

*NRT indicates nicotine replacement therapy; SD, standard deviation; Tx, treatment; and wks, weeks.

†Time points for defining abstinence varied by study. Please refer to text.

‡Not statistically significant vs placebo

§Statistically significant vs placebo

#Primary endpoint: percentage reduction in smoking rate; not statistically significant vs placebo

#Statistically significant vs baseline (primary endpoint)

Training: Online Modules

NYPH Learning

- Has developed 4 modules using the NYCDOH on-line course
 - Treating Tobacco Use:
 - Helping your patients quit tobacco use: why it's important*
 - The Five A's Stages of Treatment
 - Assist with Motivational Interviewing
 - Assist with tobacco cessation medications
 - Resources Tab
 - Heavy smoking index
 - Medication prescribing chart
 - Resources/Services available at NYPH and WCIMA
 - Patient education materials (multiple languages)
 - Pre and Post Quizzes for each module
 - Pre and post data will be measured in the aggregate

The screenshot shows the NewYork-Presbyterian online learning platform. The header includes navigation links for ME, PEOPLE, GROUPS, and ADMIN. The main content area displays the 'Tobacco Cessation' course (ID: 00049554). Below the course title, it states 'You have registered for the following class' and lists the class ID 'TOBACCO CESSATION', which is 'Web-Based', in 'English', with a 'Duration: 00:00'. There is an 'Attachments' link. Below this, there is a 'Go to group' button and 'Share' and 'Drop' options. The 'Activities' section contains a table with the following data:

Name	Status	Action
Helping Your Patients Quit Tobacco Use	<input type="radio"/> Not evaluated	Launch More actions
The Five As Stages of Treatment completed on: 29-AUG-2016	<input checked="" type="checkbox"/> Completed successfully	Review More actions
Assist with Motivational Interviewing completed on: 29-AUG-2016	<input checked="" type="checkbox"/> Completed successfully	Review More actions
Assist with Tobacco Cessation Medications completed on: 29-AUG-2016	<input checked="" type="checkbox"/> Completed successfully	Review More actions

* Edited version of previously developed NYPH Tobacco Cessation video

Questions???

Upcoming Webinars from NYP PPS and Collaborators:

Register Here: <http://www.nyp.org/pps/resources/pps-webinars>

Society, Culture and Race in Clinical Care

Wednesday, March 29, 2017 from 1:00 PM - 2:00 PM EST

This presentation will be led by **Bradley Matthys Moore, PhD**, Research and Partnerships Manager at The Lenox Hill Neighborhood House.

An Overview of the Health Home Serving Children

Tuesday, April 4, 2017 from 11:00 AM - 12:00 PM EST

This webinar will feature **Jodi Saitowitz, LCSW**, Executive Director of The Collaborative for Children and Families.

Health Literacy and Teach-Back Techniques: Overcoming Barriers to Adherence

Thursday, April 20, 2017 from 2:00 PM - 3:00 PM EST

This presentation will feature **Dodi Meyer, MD**, Director of Community Pediatrics and Associate Professor of Pediatrics at Columbia University Medical Center, and **Emelin Martinez**, Program Manager for the Health Education and Adult Literacy (HEAL) Program and Reach Out & Read at NewYork-Presbyterian Hospital.

Special Webinar Announcement from GNYHA/NYLAG LegalHealth:

Understanding the Current Immigration Landscape for Patients

Thursday, March 30, 2017 from 3:00 - 4:30 PM EST

Register: <https://join.onstreammedia.com/register/92762188/qaqm3zw>

We want to hear from you! Please contact ppsmembership@nyp.org with any feedback.

Presenter Biography

David A. Albert, DDS, MPH is Director of Community Health and Associate Professor of Clinical Dentistry and Public Health at the Columbia University School of Dental and Oral Surgery, and the Joseph Mailman School of Public Health at Columbia University. He has extensive expertise in the design and development of complex projects and collaborations. Dr. Albert is Principal Investigator and director of the Columbia/Aetna research project, which conducts national studies of dental clinician practice behaviors and opinions. He developed and directed the Advanced Education in General Dentistry program at Columbia University. He is Director of the Dental Public Health post-doctoral program. He implemented the dental service of the Ambulatory Care Network of Presbyterian Hospital and now directs the Fort Washington Dental Service where he maintains a geriatric dental practice within the community of Washington Heights/Inwood in Northern Manhattan. Dr. Albert is course director for Dental Infectious Diseases (Cariology) and the Oral Health Care Delivery System courses at Columbia University. In 2014 Dr. Albert was selected to lead the NYP Performing Provider System (PPS) tobacco cessation program. The program is funded by New York State and will integrate tobacco cessation services into primary and behavioral health services within the NYPH Ambulatory Care Network and the New York State Psychiatric Institute. The comprehensive program is training clinicians, hiring behavioral health tobacco cessation counselors and working to reduce tobacco use in the community.

Thank you for attending!!!