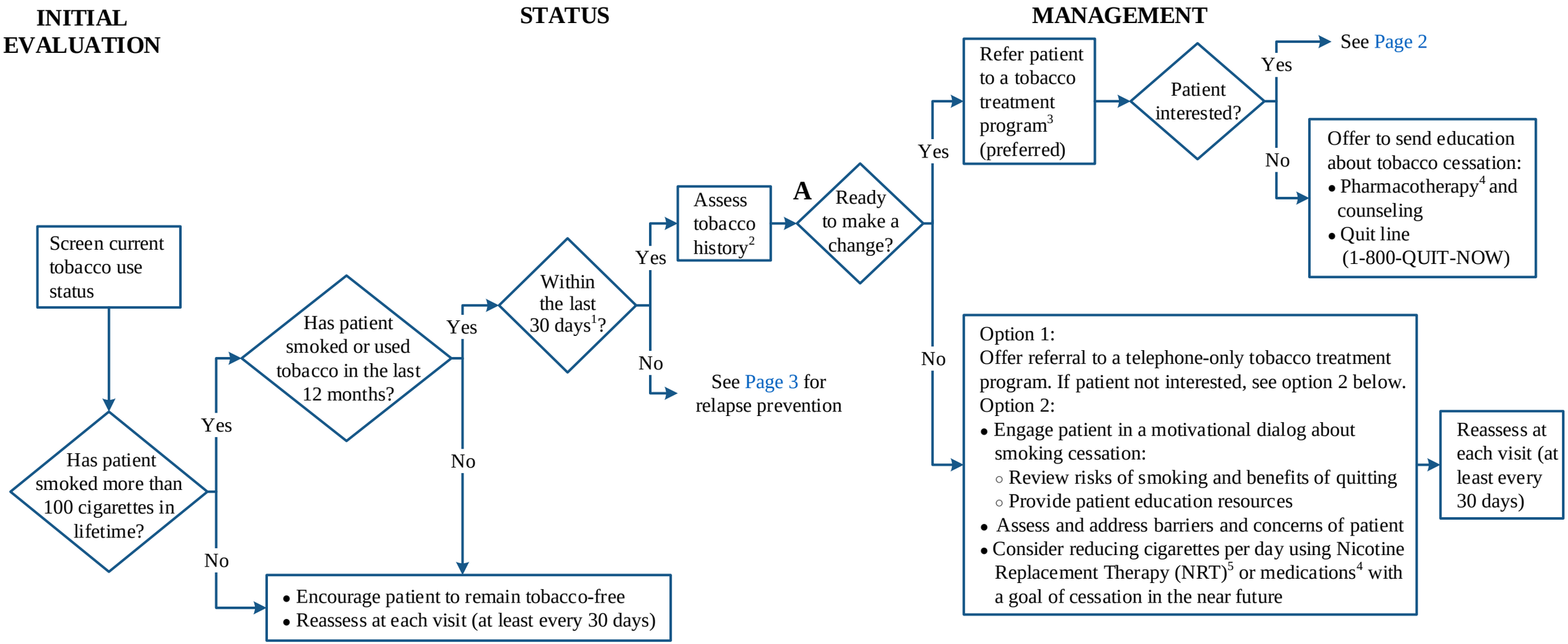
Tobacco Cessation - Adult



[1] If patient has not smoked in the past 7 days, treatment may not be required
[2] Refer to Appendix A for Tobacco History Assessment
[3] The tobacco treatment program provides both outpatient and inpatient services
[4] Refer to Appendix B for Medication Options
[5] Refer to Appendix C for Nicotine Replacement Therapy (NRT)

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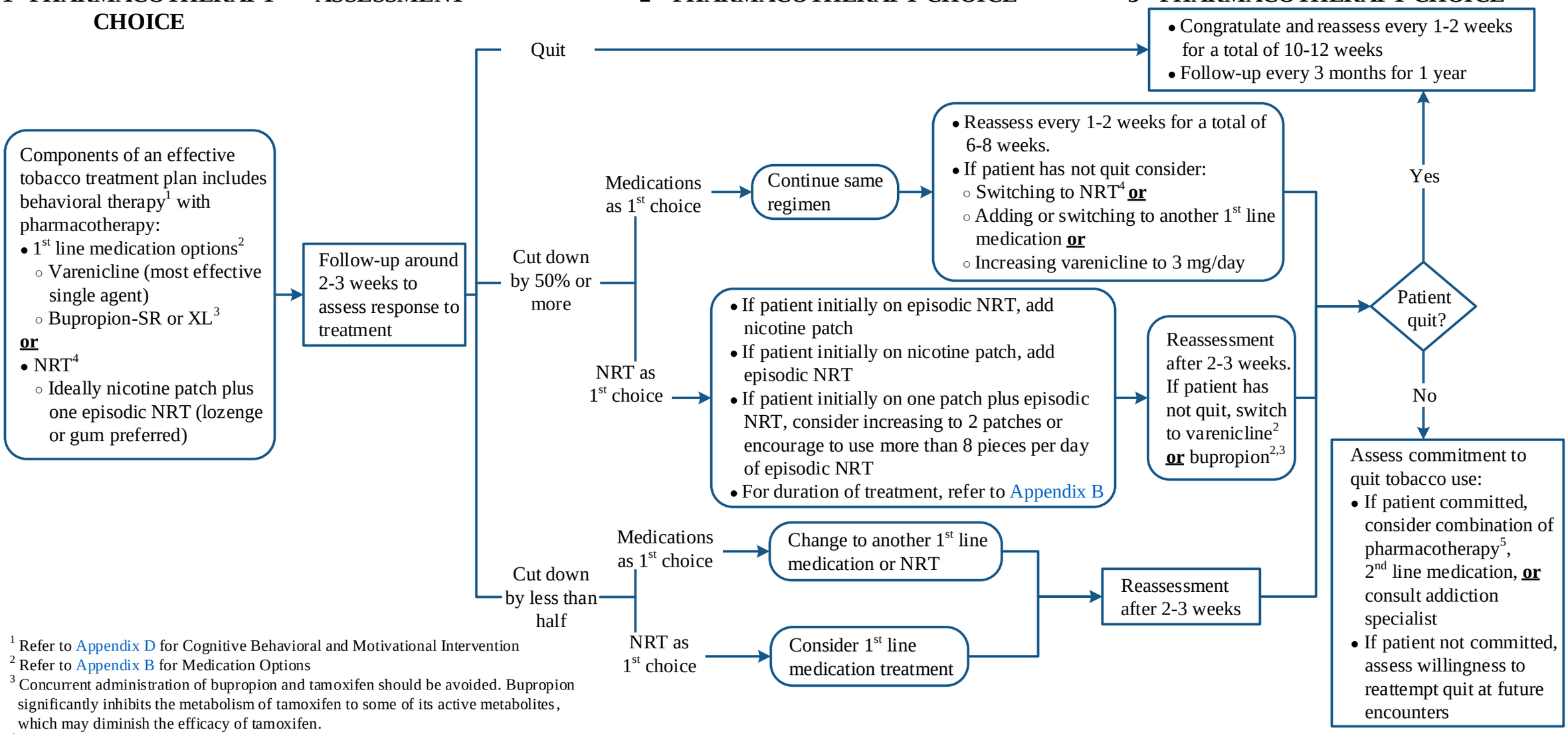
Tobacco Cessation - Adult



[1] Refer to Appendix D for Cognitive Behavioral and Motivational Intervention
[2] Refer to Appendix B for Medication Options
[3] Concurrent administration of bupropion and tamoxifen should be avoided. Bupropion significantly inhibits the metabolism of tamoxifen to some of its active metabolites, which may diminish the efficacy of tamoxifen.
[4] Refer to Appendix C for Nicotine Replacement Therapy (NRT)
[5] Two 1st line medications or one medication plus NRT

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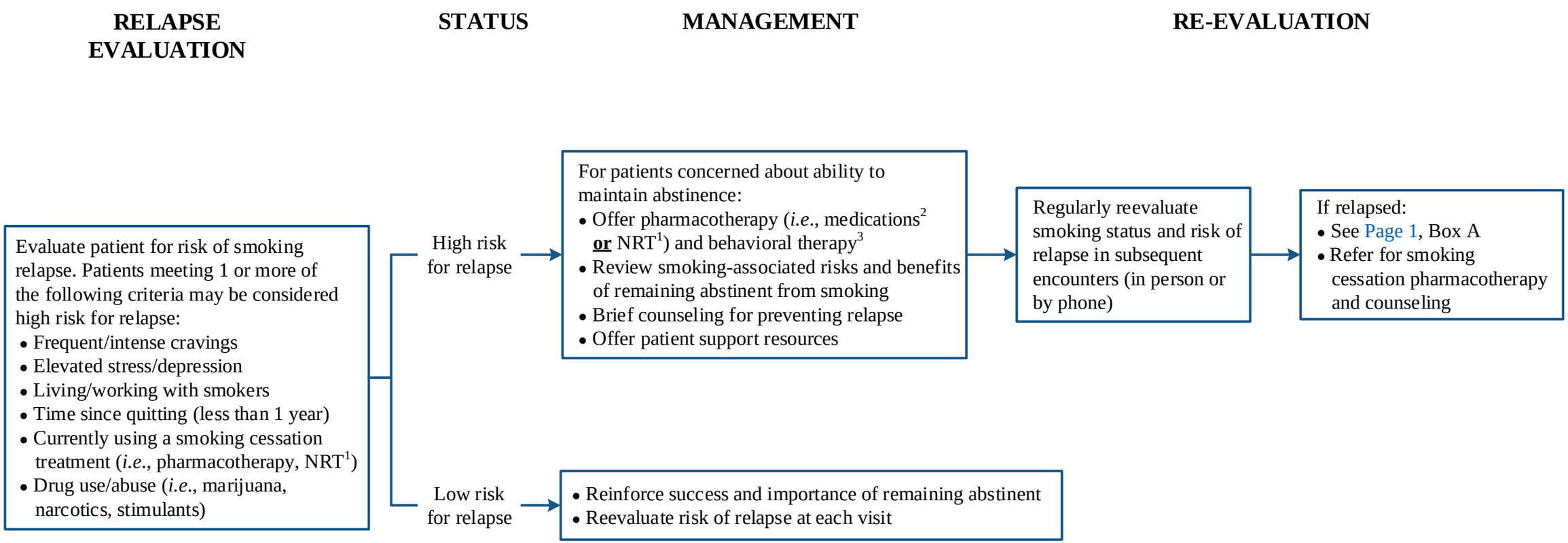
Tobacco Cessation - Adult



[1] Refer to Appendix C for Nicotine Replacement Therapy (NRT)
[2] Refer to Appendix B for Medication Options
[3] Refer to Appendix D for Cognitive Behavioral and Motivational Intervention

Tobacco Cessation - Adult

APPENDIX A: Tobacco History Assessment

- **How much do you smoke per day?**
  If greater than 20 cigarettes, see footnote[1]
- **How soon do you smoke after you wake up in the morning?**
  If within 30 minutes, see footnote[1]
- **Do you use any other type(s) of tobacco/nicotine products and if so, how much?** (*e.g.*, pipes, cigars, snuff, and/or e-cigarettes)
- **Do you use tobacco everyday or some days?**
  If daily, see footnote[1]
- **Fagerstrom Test of Nicotine Dependence (FTND)** (optional):
  If they score 3 or higher indicates dependence on nicotine

Document history of quit attempts in patient health record:

- What is the longest period you have gone without smoking?
- When was your last quit attempt?
- Did you use anything to help you quit in the past? If so, what?
  - Unaided
  - Medications
  - Support group
  - Behavior therapy
  - Quitlines, websites, smart phone applications, or other media
  - E-cigarettes
  - Other
- **Why were previous quit attempts unsuccessful?**
  (*e.g.*, side effects, cost, continued cravings, did not work)
- **Engage patients in a motivational dialog about smoking cessation:**
  - Review risks of smoking and benefits of quitting
  - Provide patient education resources

[1] Patient has a higher likelihood of being nicotine dependent and more difficult to quit

APPENDIX B: Medication Options

- Varenicline (Chantix®) for 12 weeks; if patient quits, then renew another 12 weeks
  - 0.5 mg for three days, then
  - 0.5 mg twice a day for 4 days, then
  - 1 mg twice a day
- Bupropion-SR[2] (Zyban®) for 12 weeks; if patient quits, then renew another 12 weeks
  - 150 mg daily for 3-7 days, then
  - 150 mg twice a day **or** bupropion-XL[2] 150 mg every morning for 3-7 days, then 300 mg every morning

[2] Bupropion inhibits the metabolism of tamoxifen diminishing the availability of active tamoxifen metabolites and therefore tamoxifen becomes ineffective in preventing recurrence of certain breast cancers (HR+ types)

APPENDIX C: Nicotine Replacement Therapy[3] (NRT)

Nicotine patch:

- If greater than 5 cigarettes per day or smokes within 30 minutes of awaking:
  - 21 mg daily for 6 weeks or more
  - 14 mg daily for 2 weeks or more
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop or taper to next lower level. Minimum of 12 weeks, recommended up to 24 weeks.
- If less than 5 cigarettes per day or smokes after at least 30 minutes of awaking
  - 14 mg daily for 6 weeks or more
  - 7 mg daily for 2 weeks or more
  - If patient quits, either stop or taper to 7 mg. Use for a minimum of 12 weeks; recommended for up to 24 weeks.

Episodic NRT: (Dosing minimum of 8 doses/day; maximum 20 doses/day. One dose every 1-2 hour(s) as needed for 12 weeks or more.)

- Gum or lozenges: 2 mg or 4 mg/piece (4 mg is preferred due to favorable cost, effectiveness and ease of use)
- Nasal spray: 2 squirts (1 mg) equals 1 dose (not preferred due to higher cost and difficulty of use)
- Oral inhaler: 10 mg/cartridge (20 puffs equal 1 dose) (not preferred due to higher cost and difficulty of use)

[3] Continuous use of NRT: There is no standard timeframe beyond 12 weeks; it is based on individual preference

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APPENDIX D: Cognitive Behavioral and Motivational Intervention

Type of Counseling	Interventions
Inpatient/Outpatient and by Phone	• Negotiate quit date, a trial quit attempt or a scheduled reduction • Support cessation and build abstinence skills • Review educational handouts • Explore social support • Problem solving • Discuss medication options[1] • Assessment of motivation and readiness to quit • Relapse prevention
Related Interventions	• Explore psychiatric symptoms • Cancer related distress: ◦ Internal resources: Place of Wellness, Palliative Care, Integrative Medicine ◦ External resources: Cancer Counseling Incorporated, help locate community resources ◦ Consultation: - Psychiatrist-physician - APN/PA

[1] Refer to Appendix B for Medication Options

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