

QUICK REFERENCE GUIDE

For comprehensive uses, dosage, contraindications and adverse effects, refer to individual product inserts and to the Physician's Desk Reference (PDR).

Product	Best For	Precautions	Adverse Effects	Dosage	Tapering Schedule	Patient Education
Nicotine Patch ^{a, b} 21mg, 14mg, 7mg	For patients who smoke more than 10 cigarettes a day As an adjunctive medication in combination therapy treatment (with short acting NRTs or Zyban)	Uncontrolled hypertension Caution within 6 weeks of myocardial infarction	Allergy to adhesive possible	≥ 10 cig/24hr: 21mg/24hr for 6-8 weeks <10cigs/24hr or <100lbs: 14mg/24hr for 6 weeks	≥ 10 cig/24hr: 14mg/24hr for 2 weeks followed by 7mg/24hr for 2 weeks, then stop <10cigs/24hr: 7mg/24hr for 2 weeks then stop	Apply daily to dry, hairless skin Focal rash common; rotate site daily Do not smoke while using these products
Nicotine Gum ^c 4mg, 2mg	For patients who smoke less than one pack per day acceptable as solo therapy As an adjunctive medication in combination therapy treatment (with Nicotine Patch or Zyban)	Poor dentition May be inappropriate for use in patients with complete or large partial dentures	Unpleasant taste of unflavored gum Mild sense of buccal mucosal irritation from nicotine absorption when "parked" Hiccups and cough can occur from incorrect use of the gum If chewed or swallowed, indigestion and heartburn can occur	Use 4mg ≥ 10 cig/24hr ^d Use 2mg < 10 cig/24hr ^d Each 4mg piece = 2mg absorbed = 2 cigs Each 2mg piece = 1mg absorbed = 1 cig 20 cigs = 10 pc 4mg gum = 20 pc 2mg gum Take evenly spaced throughout the day to replace need for nicotine Take additional as needed	Tapering may occur naturally as need for nicotine decreases. Alternatively, decrease by one piece per day every few days.	DO NOT CHEW LIKE ORDINARY GUM Recommended use time 20 - 30 minutes per piece Alternate chewing and "parking" between cheek and gum (chew until mouth tingles, then "park" for 1 minute) Do not eat or drink 15 minutes before or while using these products Do not smoke while using these products
Nicotine Lozenge Commit® 4mg, 2mg	For patients who smoke less than one pack per day acceptable as solo therapy As an adjunctive medication in combination therapy treatment (with Nicotine Patch or Zyban)	Patients with dry mouth or sicca syndrome may not be able to produce enough saliva to dissolve lozenge	Mild sense of buccal mucosal irritation from nicotine absorption Hiccups and cough can occur from incorrect use of the lozenge If chewed or swallowed, indigestion and heartburn can occur	Use 4mg ≥ 10 cig/24hr Use 2mg < 10 cig/24hr Each 4mg lozenge = 2mg absorbed = 2 cigs Each 2mg lozenge = 1mg absorbed = 1 cig 20 cigs = 10 4mg lozenges = 20 2mg lozenges Take evenly spaced throughout the day to replace need for nicotine Take additional as needed	Tapering may occur naturally as need for nicotine decreases. Alternatively, decrease by one lozenge per day every few days.	DO NOT BITE, CHEW OR SWALLOW Allow to dissolve in mouth slowly while moving lozenge from side to side Each lozenge takes 20-30 minutes to dissolve Do not eat or drink 15 minutes before or while using this product Do not smoke while using this product

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Nicotine Inhaler Nicotrol Inhaler®	<p>For patients who smoke less than one pack per day acceptable as solo therapy</p> <p>As an adjunctive medication in combination therapy treatment (with Nicotine Patch or Zyban)</p>		<p>Mouth and throat irritation</p> <p>Cough</p>	<p>1 cartridge delivers 80 puffs = 2mg absorbed = 2 cigs</p> <p>10 cartridges/24hr = 1ppd</p> <p>Initial treatment is 6 -16 cartridges per day for up to 12 weeks</p> <p>Use evenly spread throughout day to replace nicotine requirements</p> <p>Take additional doses as needed</p>	<p>After initial treatment period of 12 weeks, gradually reduce dose over the next 6-12 weeks</p>	<p>Instruct patient to take 40 puffs, take an hour break, then another 40 puffs per cartridge (manufacturer recommends 80-100 puffs for 20 minutes for optimal results, but many patients find such use unpleasant or impractical)</p> <p>Do not use more than 16 cartridges each day</p> <p>Patient is not to puff the inhaler like a cigarette; rather instruct to hold the puff in the mouth for a moment, then to resume regular breathing. This is more akin to cigar or pipe smoking</p> <p>Absorption is via the buccal mucosa and inappropriate use including attempted inhalation may cause mouth and throat irritation and coughing</p> <p>Avoid food and acidic drinks such as coffee, tea, citrus juices, and sodas before and during use</p> <p>Decreased nicotine delivery in cold winter air</p> <p>Do not smoke while using these products</p>
Nicotine Nasal Spray Nicotrol NS®	<p>For patients who smoke less than one pack per day acceptable as solo therapy</p> <p>As an adjunctive medication in combination therapy treatment (with Nicotine Patch or Zyban)</p>	<p>Not recommended in patients with chronic nasal inflammation and obstruction</p>	<p>Nasal irritation</p> <p>Sneezing</p> <p>Cough</p> <p>Teary eyes</p>	<p>1 spray each nostril = 0.5 mg absorbed = ½ cig</p> <p>40 doses = 1ppd</p> <p>(1 dose = 1 spray in each nostril)</p> <p>Starting dose is 1 or 2 doses per hour , which may be increased up to 40 doses/day</p>	<p>Initial therapy is 3 months, before tapering for 3-6 months. Skip doses to taper.</p>	<p>Instruct patient to tilt head back and spray</p> <p>Troubling adverse effect of nasal irritation decreases with use</p> <p>Do not smoke while using these products</p>

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Sustained Release Bupropion Zyban® or Wellbutrin® SR Can be used w/ Nicotine Replacement Therapy	Effective for most patients	Contraindications: Seizure history Current use of Wellbutrin or MAO inhibitor Eating disorder (bulimia/anorexia) Alcohol dependence Head trauma Uncontrolled hypertension Co-use with drugs sharing the cytochrome P4502B6 ^e pathway may be contraindicated	Insomnia Dry mouth Anxiety Seizures	Start 1-2 weeks before quit date. 150mg/24hr for 3 days then 150mg BID with doses at least 8 hrs apart For elderly patients, or in cases of polypharmacy 150mg every morning may be recommended (fewer adverse effects)	No tapering required Usual length of treatment is 7-12 weeks	Take 2 nd pill in early evening to reduce insomnia Never double dose if a pill is missed Swallow tablet whole; do not crush, divide, or chew Patients should report changes in mood and behavior
Varenicline Chantix™	Effective for most patients	Women breastfeeding should avoid use Persons with severe renal impairment require a dosage adjustment Can exacerbate prior or current psychiatric illness	Nausea Insomnia Abnormal dreams Depressed mood Agitation	Start 1 week before quit date 0.5mg/24hr for the first 3 days then 0.5mg/BID for next 4 days (one in the morning, and one in the evening) After first 7 days 1mg/BID (one in the morning, and one in the evening) Patients should be treated for 12 weeks	An additional 12 week course is recommended for successful patients to increase the likelihood of long-term abstinence Unsuccessful patients or those who relapse should be encouraged to make another attempt once factors contributing to the failure have been addressed	Take after eating and with 8 oz. water (full glass) Take missed dose as soon as remembered; if close to next dose time, wait and take at regular dose time Never double dose if a pill is missed Nausea is usually transient and most patients will not need to discontinue use; if nausea persists, dose reduction is recommended Patients should report changes in mood and behavior

Notes:

- Patches are available under various brand names such as Nicoderm® CQ® and Habitrol®, and under generic formulations.
- Nicotrol® is available in 15mg, 10mg, and 5mg doses, and is worn for 16 hour time periods (daytime hours only).
- Gum is available under various brand names such as Nicorette®, and under generic formulations.
- Manufacturer's insert recommends 4mg ≥ 25 cig/24hr, and 2mg < 25 cig/24hr.
- These include most antidepressants (SSRIs, many tricyclics), beta-blockers, antiarrhythmics, and antipsychotics.

Adapted from: Columbia University Pocket Guide to Tobacco Cessation, The Tobacco Cessation Clinics at Columbia University Medical Center; Smoking Cessation Pharmacotherapy Guidelines, Columbia University Manhattan Tobacco Cessation Program.