

**Tobacco Dependence and Cessation  
Pharmacotherapy Followup/Discharge Orders**

Name (last, first)
Birthdate (yyyy-Mon-dd)
Gender
Personal Health Number

**Nicotine Patch – Recommended Titration:** After initial 6 weeks decrease to the next lower dosing increment every 2-4 weeks, or slower, based on patient response

- Nicotine Patch \_\_\_\_ (\_\_\_\_ mg+\_\_\_\_mg) daily x \_\_\_\_ weeks; then
- Nicotine Patch \_\_\_\_ (\_\_\_\_ mg+\_\_\_\_mg) daily x \_\_\_\_ weeks; then
- Nicotine Patch 28 mg (21mg+7mg) daily x \_\_\_\_ weeks; then
- Nicotine Patch 21 mg daily x \_\_\_\_ weeks; then
- Nicotine Patch 14 mg daily x \_\_\_\_ weeks; then
- Nicotine Patch 7 mg daily x \_\_\_\_ weeks
- Alternate Dose (specify) \_\_\_\_\_

■ Number of Refills

**Nicotine Gum – Recommended Titration:** Month 1: 10-20 pieces/day x 14 days, then 8-15 pieces/day; Month 2: 4-10 pieces/day; Month 3: 2-5 peces/day; Month 4: 1 piece for urge only

One piece as instructed every 1-2 hour(s) **as needed**; Maximum: 20 pieces/day x \_\_\_\_ weeks

- 4 mg Nicotine Gum
- 2 mg Nicotine Gum
- Alternate Dose (specify) \_\_\_\_\_

■ Number of Refills

**Nicotine Lozenge – Recommended Titration:** Week 1- 6: 1 lozenge every 1-2 hours; Week 7-9: 1 lozenge every 2-4 hours; Week 10-12: 1 lozenge every 4-8 hours; Week 13-24: 1-2 lozenges per day for urge only

One lozenge as instructed every 1-2 hour(s) **as needed**; Maximum: 20 pieces/day x \_\_\_\_ weeks

- 4 mg Nicotine Lozenge (polacrilex)
- 2 mg Nicotine Lozenge
- 1 mg Nicotine Lozenge
- Alternate Dose (specify) \_\_\_\_\_

■ Number of Refills

**Nicotine Inhaler – Recommended Titration:** 6-16 cartridges per day x 12 weeks. Then taper over an additional 6-12 weeks. Stop when at 1-2 cartridges per day

One cartridge as directed every 20 minutes **as needed**; Maximum 16/day

- 10 mg Nicotine Inhaler (equal to 4 mg inhaled) Use up to cartridges per day \_\_\_\_ X \_\_\_\_ weeks

■ Number of Refills

**Nicotine Mouth Spray – Recommended Titration:** Week 1-6: 1 to 2 sprays every 30 minutes as needed; Week 7-9: start reducing the number of sprays per day, until using half the number of sprays per day that were used initially; Week 10-12: reduce to 2- 4 sprays per day.

1 to 2 sprays every 30 minutes as needed; maximum 2 sprays at a time, 4 sprays per hour or 64 sprays per day.

- 1 mg nicotine per spray delivered. 1 bottle x \_\_\_\_ weeks.

■ Number of Refills

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■ **Bupropion SR and Varenicline Treatment should begin one week before quit date. Usual maintenance dose: 7-12 weeks (bupropion SR); 12 weeks (varenicline)**

**Bupropion Sustained Release (SR):**

- Initial Dose: 150 mg orally once daily for 3 days; then
- Maintenance Dose: 150 mg orally twice daily x \_\_\_\_\_ weeks, and reassess
- Alternate Dose *(include duration)* \_\_\_\_\_
- Number of Refills

**Varenicline**

- Initial Dose: 0.5 mg orally once daily for 3 days; then 0.5 mg orally twice daily for 4 days; then
- Regular Maintenance Dose: 1 mg orally twice daily x \_\_\_\_\_ weeks, and reassess
- Alternate Maintenance Dose: 0.5 mg twice daily x \_\_\_\_\_ weeks *(Consider dose adjustment in renal impairment)*
- Number of Refills

**Referral/Information Provided**

- Patient provided information sheet on tobacco cessation programs. Patient to complete registration
- OR**
- Referral done to tobacco cessation program. Name of Program
  - AlbertaQuits Helpline Referral *(form #09973)*
  - AlbertaQuits Groups 1-866-710-7848
  - AlbertaQuits Online [www.albertaquits.ca](http://www.albertaquits.ca)
  - Other, specify *(e.g. PCN group)* \_\_\_\_\_

<b>Prescriber Name</b> <i>(print)</i>	<b>Signature</b>	<b>Date</b> <i>(yyyy-Mon-dd)</i>	<b>Time</b> <i>(hh:mm)</i>
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