



Tobacco Dependence and Cessation Pharmacotherapy Initiation Orders

Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

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

See Prescribing and Administering Tobacco Pharmacotherapy for additional drug information.

Allergies: List or <input type="checkbox"/> Up to date in electronic system		Diagnosis	
Date (yyyy-Mon-dd)	Time (hh:mm)	Orders	Initial
<input type="checkbox"/> Nicotine Free Period Required. No NRT to be used for ___ hours. Start date _____ at ___ hours			
<input type="checkbox"/> Nicotine Patch			
Cigarettes Per Day	Recommended Dose – Patch(es) daily x 6 weeks then reassess. Patch may be combined with gum, lozenge, inhaler, mouth spray, bupropion SR or varenicline.		
5-10	<input type="checkbox"/> 7 mg nicotine patch.		
11-15	<input type="checkbox"/> 14 mg nicotine patch.		
16-25	<input type="checkbox"/> 21 mg nicotine patch.		
26-35	<input type="checkbox"/> 28 mg (use 21 mg +7 mg nicotine patches).		
36 or greater	<input type="checkbox"/> Consider a total daily dose of 35 mg or 42 mg. Dose = _____ mg (use ___ mg + ___ mg nicotine patches).		
	<input type="checkbox"/> Alternate Dose (specify) _____		
<input type="checkbox"/> Nicotine Gum			
Cigarettes Per Day	Recommended Dose – One piece every 1 hour as needed x 12 weeks then reassess; maximum 20 pieces per day or titrated to individual patient effect. Gum may be combined with patch, lozenge, inhaler, mouth spray, bupropion SR or varenicline.		
20 or less	<input type="checkbox"/> 2 mg nicotine gum.		
21 or more	<input type="checkbox"/> 4 mg nicotine gum.		
	<input type="checkbox"/> Alternate Dose (specify) _____		
<input type="checkbox"/> Nicotine Lozenge			
Cigarettes Per Day	Recommended Dose – One lozenge every 1 hour as needed x 12 weeks then reassess; maximum 20 lozenges per day or titrated to individual patient effect. Lozenge may be combined with patch, gum, inhaler, mouth spray, bupropion SR or varenicline.		
20 or less	<input type="checkbox"/> 1 mg nicotine lozenge (OR recommended initial dose if using lozenge with patch).		
21 or more	<input type="checkbox"/> 2 mg nicotine lozenge.		
	<input type="checkbox"/> Alternate Dose (specify) _____		
<input type="checkbox"/> Nicotine Inhaler			
Recommended Dose – One cartridge every 20 minutes as needed x 12 weeks then reassess; maximum 16 cartridges per day or titrated to individual patient effect. Inhaler may be combined with patch, gum, lozenge, mouth spray, bupropion SR or varenicline.			
<input type="checkbox"/> 10 mg Nicotine Inhaler (equal to 4 mg inhaled). Use _____ cartridges per day.			
<input type="checkbox"/> Alternate Dose (specify) _____			



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Orders	Initial		
<input type="checkbox"/> Nicotine Mouth Spray Recommended Dose – 1 to 2 sprays every 30 minutes as needed x 12 weeks then reassess; maximum 2 sprays at a time, 4 sprays per hour or 64 sprays per day. Mouth spray may be combined with patch, gum, lozenge, inhaler, bupropion SR or varenicline. <input type="checkbox"/> 1 mg nicotine per spray delivered. 1 bottle <input type="checkbox"/> Alternate Dose (specify) _____			
<input type="checkbox"/> Bupropion Sustained Release (SR) Recommended Dose – Treatment should be started 1 week before quit date and continued x 7-12 weeks then reassess (Quit date if known _____); if this is not possible bupropion and NRT and be used concurrently for the first week. NRT can then be stopped or continued. <input type="checkbox"/> Initial Dose – 150 mg orally once daily for 3 days and stop. Start date (yyyy-Mon-dd) _____ <input type="checkbox"/> Maintenance Dose – 150 mg orally twice daily for _____ weeks and reassess. Start date (yyyy-Mon-dd) _____. (Usual maintenance dose 7-12 weeks. May be up to 24 weeks). <input type="checkbox"/> Alternate Dose (specify) _____			
<input type="checkbox"/> Varenicline Recommended Dose – Treatment should be started 1 week before quit date and continued x 7-12 weeks then reassess (Quit date if known _____); if this is not possible varenicline and NRT and be used concurrently for the first week. NRT can then be stopped or continued. <input type="checkbox"/> Initial Dose - 0.5 mg orally once daily for 3 days; then 0.5 mg orally twice daily for 4 days. <input type="checkbox"/> Maintenance Dose: 1 mg orally twice daily for _____ weeks, and reassess. Start date (yyyy-Mon-dd) _____. (Initial treatment period is 12 weeks. May be repeated for an additional 12 weeks) <input type="checkbox"/> Alternate Maintenance Dose – 0.5 mg orally twice daily for _____ weeks. (consider dose adjustment in renal impairment.)			
Prescriber Name (print) _____	Signature _____	Date (yyyy-Mon-dd) _____	Time (hh:mm) _____



Suggestions for Prescribing and Administering Tobacco Pharmacotherapy	
<p>Research indicates the use of first-line pharmacotherapy can double chances of successful long-term cessation. When used in combination (e.g. Patch plus Gum), success rates increase further.</p> <p>Generalized Information on Smoking Cessation and Medications: Thorough consideration should be given to using a nicotine replacement therapy (NRT) treatment option, before prescribing bupropion or varenicline. In many cases, NRT should be tried first. Smoking tobacco can alter the metabolism of a number of medications, including caffeine. This is primarily due to substances in tobacco smoke. Contact Pharmacy as needed.</p> <p>Signs of nicotine withdrawal include nicotine cravings, restlessness, insomnia, anxiety, difficulty concentrating, mood changes, decreased heart rate, increased appetite.</p> <p>Signs of nicotine toxicity include nausea, vomiting, dizzy, headache, increased heart rate.</p>	
Nicotine Patch	<p>Cautions: Use with caution with generalized skin disorders (such as psoriasis). May be removed at bedtime if patients experience sleep disturbances such as vivid dreams or insomnia. 7, 14 & 21 mg patches are 24 hour release dosage forms; 5, 10 & 15 mg patch are 16 hour release dosage forms.</p>
Nicotine Gum/ Nicotine Lozenge	<p>Cautions: Avoid using GUM in temporomandibular joint disorder, those with dentures and undergoing dental work. If switching between lozenge to gum: 1 mg nicotine lozenge equals 2 mg nicotine gum and 2 mg nicotine lozenge equals between 2-4 mg nicotine gum (approximately). Avoid eating or drinking during use and 15 minutes before/after use.</p>
Nicotine Inhaler	<p>Cautions: Use with caution in bronchospastic disease (such as asthma).</p>
Nicotine Mouth Spray	<p>Cautions: Do not inhale or swallow while spraying. Hold spray in mouth for a few seconds before resuming normal swallowing. Do not eat or drink 15 minutes before/after using.</p>
Bupropion Sustained Release (SR)	<p>Cautions: All patients should be monitored for neuropsychiatric changes, particularly those with mental health illness.</p> <p>Contraindications: Do not use if: history of seizures, conditions predisposing to seizures (such as head trauma, withdrawal from alcohol and/or benzodiazepines), eating disorder, active alcohol addiction, monoamine oxidase inhibitors (phenelzine, moclobemide, tranylcypromine) in the past 14 days. Consider dose adjustments in renal and hepatic impairment.</p> <p>Drug Interactions: Bupropion is a CYP2B6 substrate and a CYP2D6 inhibitor. Clearance of bupropion may be decreased by inhibitors or increased by inducers of CYP2B6. May increase levels of other CYP2D6 substrates. Examples: caution with paroxetine, risperidone, beta-blockers (metoprolol), type 1 C antiarrhythmics (propafenone, flecainide), clopidogrel, ticlopidine due to CYP interactions.</p>
Varenicline	<p>Cautions: Use with caution in those with mental illness, especially schizophrenia, bipolar disorder or major depressive disorders. All patients should be monitored for neuropsychiatric changes. Inform patients of the symptoms of heart attack and stroke; instruct them to seek medical attention if they experience any of these symptoms.</p> <p>Contraindications: In severe renal impairment (Cr/Cl less than 30mL/min) recommend dose to be titrated to a maximum of 0.5 mg twice daily.</p> <p>Administration: Take with food.</p>
Specific Populations	
<p>Pregnancy: Behavioral/cognitive techniques should be trialed first. If ineffective NRT can be used as almost all of the concerns with smoking during pregnancy are due to combustible components other than nicotine. Short acting preparations, such as nicotine gum should be trialed first since they typically deliver a lower amount of daily nicotine than patches. Patches should be used secondarily for those women who are experiencing nicotine withdrawal symptoms or may be used first line for those exhibiting nausea and vomiting. Patches should be worn for 16 hours in this group.</p>	
<p>Lactation: Recommendations same as pregnancy. Avoid breastfeeding immediately after use to reduce infant nicotine exposure.</p>	
<p>Cardiac Disease: Short acting nicotine replacement agents may be trialed first in those with a history of poorly controlled cardiovascular disease. Monitor for elevated blood pressure that can be associated with treatment if NRT is combined with bupropion.</p>	
<p>Mental Health: Close monitoring of patient's mental health status and/or addiction status is necessary. Regular medication dosages should be monitored and adjusted as necessary. Varenicline should be used with caution in those with schizophrenia, bipolar disorder or major depressive disorder. Patients taking bupropion or varenicline may be at increased risk of neuropsychiatric symptoms (agitation, depressive mood, behavioral changes, suicidal ideation), therefore should be closely monitored, especially those with pre-existing mental illness. These symptoms may arise as a result of smoking cessation with or without treatment, and causality has not been determined.</p>	
<p>Adolescents: Limited research. Offer NRT as part of a risk reduction strategy. Start with short acting NRT first. NRT may need to be used for some non daily tobacco users. Reassess within 24-48 hours of initiation.</p>	
<p>Diabetes: Nicotine, such as nicotine in tobacco and NRT, can affect hemoglobin A1C levels, carbohydrate metabolism, and insulin absorption. Monitor blood glucose to determine if medication or dietary adjustments are needed for optimal diabetes management.</p>	
<p>Chew/snuff: Limited research. Start with nicotine patch (changing patch dose if needed) as follows: Less than 2 cans/pouches per week equals 14 mg patch, 2-3 cans/pouches per week equals 21 mg patch, greater than 3 cans/pouches equals 42 mg patch. Add gum or lozenge if needed. Do not use inhaler in this group. Reassess NRT needs within 48 hours of initiation.</p>	
<p>Cigar/Cigarillo/Pipe: Limited research. Start with short acting NRT first. Patch may need to be used for some daily cigar or pipe users. Reassess within 48 hours of initiation.</p>	