

QUIT Nicotine Patch
treatment CLINICAL
WORKFLOW

Tobacco Treatment Guide

Bupropion SR

PRESCRIBING SYMPTOMS
SASK PROGRESS REPORT SYMPTOMS
ASSIST nicotine
MEDICATION PROGRESS REPORT gum
PROVIDER PATIENT
ACCESS VISIT
HELP NRT SUPVISIT PRACTICE
TOBACCO FOLLOW-UP
COUNSELING
PHARMACOTHERAPY

Every office visit is an opportunity to develop a tobacco use treatment plan with your patients.

1 Ask

Ask patients about their tobacco use during every visit.

- Assess your patients' smoking and vaping history:
 - "Do you smoke? Do you smoke menthol or non-menthol cigarettes? Have you smoked in the past?"
 - "Tell me a little about your smoking. Has anything changed since your last visit?"
- Avoid asking if someone is a "smoker," as people may not identify that way if they only smoke intermittently.

Assess smoking patterns.

"How many cigarettes do you smoke per day?"

- "One to 10."
- "More than 10."
- "I do not smoke every day."

"How soon after waking up do you smoke your first cigarette?"

- "Thirty minutes or less."
- "More than 30 minutes."
- "I do not smoke every day."

Assess readiness to change.

Ask an open-ended question to start assessing your patients' readiness and motivation to make a change.

- "What are your thoughts about changing or cutting back on your smoking?"

These questions help assess nicotine dependence and tobacco treatment medication dosing. For more information, see the **Tobacco Treatment Medication Prescribing Chart**. Note that menthol cigarette use may affect nicotine dependence and make it harder to reduce use. You can use similar questions for patients who vape. When assessing patients' vaping patterns, gauge how much they vape by asking which products they use and how long those products last (such as whether a cartridge, pod or disposable device lasts them more or less than two days). Also, ask how soon after waking up your patient first vapes.



Consider using the **What Is Your Relationship With Tobacco? Quiz** to help assess your patients' readiness to quit: not ready or interested, thinking about it, preparing for it, taking action, or maintaining change.

2 Assist

Counsel and discuss tobacco treatment medications with all patients who use tobacco.

Develop a treatment plan (counseling, medications and follow-up) based on each patient's smoking or vaping patterns and goals.

For patients who are not ready to reduce their use or quit, consider:

- **Short-acting NRT** (such as gum, lozenges, inhaler or nasal spray)
 - This will allow for flexibility and periodic use when the patient wants to avoid smoking or vaping for short time periods (such as when in class, taking public transportation or shopping for groceries).
- **Combination NRT** (patch and short-acting NRT), if the patient is trying to avoid smoking for a longer period of time (for example, when on an eight- to 12-hour work shift or at home with family)

For patients who are ready to reduce their use or quit, consider:

- **Varenicline** (flexible regimens are available, including an option for gradual quitting over 12 weeks)
- **Combination NRT** (patch and short-acting NRT)
- **Bupropion** (with or without short-acting NRT — consider particularly for comorbid depression)

Varenicline and combination NRT are the most effective options. For more information, see the Safety and Efficacy sections in this guide.



Refer to **Supporting Your Patients Who Smoke or Vape: A Coaching Guide** for more tips on counseling patients and motivational interviewing and to the **Tobacco Treatment Medication Prescribing Chart** for details on dosing options, precautions and contraindications, including those for pregnant patients.



Share **How To Use Tobacco Treatment Medications: A Pocket Guide** with patients to help them consider options or review instructions and medication tips.

3 Follow Up

Follow up within one to two weeks of prescribing treatment to provide support.

- Ask if there were any problems filling the prescription.
- Ask how the medication is working.
- Ask about withdrawal symptoms.
- Provide encouragement and support.
- Refer the patient to the New York State Smokers' Quitline at 866-NY-QUITS (866-697-8487) for additional no-cost coaching and support between visits.
 - Patients whose preferred language is Chinese (800-838-8917), Korean (800-556-5564) or Vietnamese (800-778-8440) can call the Asian Smokers' Quitline or visit asiansmokersquitline.org.

Six weeks after prescribing treatment, assess progress.

- Assess medication use and effectiveness to reach your patient's goals.
- Modify prescriptions as needed to improve effectiveness and avoid adverse effects or due to changes in your patient's goals.
- Provide additional supportive counseling.
- Schedule additional follow-up.

Establish an office practice workflow to ensure adequate follow-up and ongoing assessment of patient progress.



Who will assess the patient's tobacco use status or patterns, readiness to change, and progress on the treatment plan at each visit (for example, front desk staff, a medical assistant, a nurse or health care provider)?



Who will document the patient's tobacco use status or patterns and progress on the treatment plan in their record?



Who will counsel and discuss with patients how tobacco use treatment medications can help them reach their goals (for example, front desk staff, a medical assistant, a nurse or health care provider)?



Who will provide and review educational materials to help patients understand their options?



Who will document the treatment plan in the patient record?



Who will follow up within one to two weeks of prescribing treatment? Who will follow up six weeks later and subsequently?



Who will provide supportive counseling?



Who will document progress and follow-up in the patient record?



Who will schedule the six-week visit and subsequent follow-up visits?

Using Treatment To Support Your Patients Who Use Tobacco

Tobacco use remains a leading cause of death in New York City.¹ Nearly two-thirds of New Yorkers who smoke try to quit each year, many without support.^{2,3} Some New Yorkers may not be ready or interested in quitting but may want to protect those around them, save money or participate in activities that are meaningful to them. You can support all your patients who smoke or vape with tobacco use treatment, including medications, to help them reach their goals.

Traditionally, tobacco use treatment has been framed as only appropriate for patients who are ready to quit. However, offering treatment to all patients who smoke or vape is a more supportive, patient-centered approach. Treatment medications can help patients avoid uncomfortable withdrawal symptoms while they are:

- Quitting smoking or vaping
- Reducing use
- Avoiding smoking or vaping when they want to (such as when at home or work or in public spaces)

As with other chronic conditions, the right dose and combination of medications is important. Use the recommendations in this guide along with related materials to help your patients reach their goals.

Safety

Nicotine Replacement Therapy (NRT)

In 2013, the Food and Drug Administration (FDA) published a notice⁴ stating there are no significant safety concerns with:

- Using two forms of nicotine concurrently, including two types of NRT or NRT while smoking
- Using NRT for longer than 12 weeks, if helpful

Varenicline and Bupropion

The boxed warnings for serious neuropsychiatric symptoms from 2009 were removed from both varenicline and bupropion in 2016, based on the results from an FDA-mandated trial.⁵ The trial found no significant increase in neuropsychiatric events attributable to varenicline or bupropion relative to nicotine patch or placebo.⁶

Bupropion has several contraindications, precautions and drug interactions. See the **Tobacco Treatment Medication Prescribing Chart** and package inserts for details on all medications.

Efficacy

NRT, Varenicline and Bupropion

All these medications have been effective in increasing quit rates compared with placebo in several clinical trials.⁷⁻⁹ Varenicline or combination NRT are the most effective options and are more effective than bupropion or nicotine monotherapy. Combining varenicline with NRT or bupropion is being studied and may also increase efficacy.^{9,10}

NRT and varenicline have also been effective in increasing quit rates among people who are not willing or able to quit abruptly.^{9,11,12} Trying NRT can increase motivation and self-efficacy regarding cessation, even for people with low or no motivation to quit.¹³⁻¹⁷

For more information as well as resources and clinical tools to support your patients who smoke or vape, visit nyc.gov/health and search for **tobacco treatment** or scan the QR code below.

