PREVENTIVE CARE

TOBACCO CESSATION – NRT (Nicotine Replacement Therapy) and Non-NRT

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE: Per ORS 689.645, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.

- Following all elements outlined in OAR 855-020-0110, a pharmacist licensed and located in Oregon may prescribe individual or multiple Nicotine Replacement Therapy (NRT) OTC and Rx for tobacco cessation.

- Following all elements outlined in OAR 855-020-0110, a pharmacist licensed and located in Oregon may prescribe non-NRT medications for tobacco cessation.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:
- Utilize the standardized Tobacco Cessation Patient Intake Form (pg. 2-3)
- Utilize the standardized Tobacco Cessation Assessment and Treatment Care Pathway (pg. 4-6)

PHARMACIST TRAINING/EDUCATION:
- Minimum 2 hours of documented ACPE CE related to pharmacist prescribing of tobacco cessation products

Tobacco Cessation Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

Date _____/_____/________ Date of Birth _____/_____/________ Age_____
Legal Name____ Preferred Name ______________________________
Sex Assigned at Birth (circle) M / F Gender Identification (circle) M / F / Other____
Preferred Pronouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hir/Hirs, Other____________
Street Address ____
Phone ( ) _________________________ Email Address ____
Healthcare Provider Name _________________________ Phone ( ) _______________ Fax ( ) ________________
Do you have health insurance? Yes / No Insurance Provider Name _______________________________
Any allergies to medications? Yes / No If yes, please list ____
Any allergies to foods (ex. menthol/soy)? Yes / No If yes, please list ____
List of medicine(s) you take:____
____
____

Do you have a preferred tobacco cessation product you would like to use?___________________________________
Have you tried quitting smoking in the past? If so, please describe ______________________________________
What best describes how you have tried to stop smoking in the past?

- ☐ "Cold turkey"
- ☐ Tapering or slowly reducing the number of cigarettes you smoke a day
- ☐ Medicine
  - o Nicotine replacement (like patches, gum, inhalers, lozenges, etc.)
  - o Prescription medications (ex. bupropion [Zyban®, Wellbutrin®], varenicline [Chantix®])
- ☐ Other____

Health and History Screen – Background Information:

1.	Are you under 18 years old?	□ Yes □ No
2.	Are you pregnant, nursing, or planning on getting pregnant or nursing in the next 6 months?	□ Yes □ No □ Not sure
3.	Are you currently using and trying to quit non-cigarette products (ex. Chewing tobacco, vaping, e-cigarettes, Juul)?	□ Yes □ No

Medical History:

4.	Have you ever had a heart attack, irregular heartbeat or angina, or chest pains in the past two weeks?	□ Yes □ No □ Not sure
5.	Do you have stomach ulcers?	□ Yes □ No □ Not sure
6.	Do you wear dentures or have TMJ (temporomandibular joint disease)?	□ Yes □ No □ Not sure
7.	Do you have a chronic nasal disorder (ex. nasal polyps, sinusitis, rhinitis)?	□ Yes □ No □ Not sure
8.	Do you have asthma or another chronic lung disorder (ex. COPD, emphysema, chronic bronchitis)?	□ Yes □ No □ Not sure

Tobacco History:

9.	Do you smoke fewer than 10 cigarettes a day?	□ Yes □ No

Blood Pressure Reading _____/______ mmHg (**Note: Must be taken by a pharmacist*)

Stop here if patient and pharmacist are considering nicotine replacement therapy or blood pressure is ≥ 160/100 mmHg.

If patient and pharmacist are considering non-nicotine replacement therapy (ex. varenicline or bupropion) and blood pressure is < 160/100mmHg continue to answer the questions below.

Tobacco Cessation Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

Medical History Continued:

10.	Have you ever had an eating disorder such as anorexia or bulimia?	□ Yes □ No □ Not sure
11.	Have you ever had a seizure, convulsion, significant head trauma, brain surgery, history of stroke, or a diagnosis of epilepsy?	□ Yes □ No □ Not sure
12.	Have you ever been diagnosed with chronic kidney disease?	□ Yes □ No □ Not sure
13.	Have you ever been diagnosed with liver disease?	□ Yes □ No □ Not sure
14.	Have you been diagnosed with or treated for a mental health illness in the past 2 years? (ex. depression, anxiety, bipolar disorder, schizophrenia)?	□ Yes □ No □ Not sure

Medication History:

15.	Do you take a monoamine oxidase inhibitor (MAOI) antidepressant? (ex. selegiline [Emsam®, Zelapar®], Phenelzine [Nardil®], Isocarboxazid [Marplan®], Tranylcypromine [Parnate®], Rasagiline [Azilect®])	□ Yes □ No □ Not sure
16.	Do you take linezolid?	□ Yes □ No □ Not sure
17.	Do you use alcohol or have you recently stopped taking sedatives? (ex. Benzodiazepines)	□ Yes □ No □ Not sure

The Patient Health Questionnaire 2 (PHQ 2):

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

Suicide Screening:

Over the last 2 weeks, how often have you had thoughts that you would be better off dead, or have you hurt yourself or had thoughts of hurting yourself in some way?	0	1	2	3

Patient Signature____Date____________

Tobacco Cessation Assessment & Treatment Care Pathway

Step	Continue	Refer	Referral
STEP 1: Health and History Screen Part 1 Review Tobacco Cessation Patient Questionnaire (Questions 1 -2)	No = No Contraindicating Conditions. Continue to step 2	Yes/Not sure = Contraindicating Conditions. Refer →	Refer to PCP and/or Oregon Quit Line 1-800-QUIT-NOW
STEP 2: Health and History Screen Part 2 Review Tobacco Cessation Patient Questionnaire (Question 3)	Smoking Cigarettes. Continue to step 3	Yes to question 3 Refer →	Refer to Oregon Quit Line 1-800-QUIT-NOW to receive counseling and NRT
STEP 3: Blood Pressure Screen Take and document patient's current blood pressure. (Note: RPh may choose to take a second reading if initial is high)	BP < 160/100. Continue to step 4	BP ≥ 160/100 Refer →	Refer to PCP **AND** Oregon Quit Line 1-800-QUIT-NOW
STEP 4: Medical History Nicotine Replacement Therapy Questions (Questions 4-5)	No, to question 4 and 5. Continue to step 5	Yes, to question 4 and/or 5 Refer →	Refer to PCP **AND** Oregon Quit Line 1-800-QUIT-NOW

Step		
STEP 5: Medical History Nicotine Replacement Therapy Questions (Questions 6-8) Question 6 = if Yes, avoid using nicotine gum Question 7 = if Yes, avoid using nicotine nasal spray Question 8 = if Yes, avoid using nicotine inhaler	If patient wants NRT, prescribe NRT*	If patient wants bupropion or varenicline, continue to step 6.

Prescribing NRT*(pg.6):	Tobacco History (Question 9 on questionnaire)
• Combination NRT is preferred (Nicotine patch + Acute NRT) • Acute NRT = Nicotine gum, Nicotine lozenge, Nicotine nasal spray, Nicotine inhaler	If Yes to smoking </=10 cigs/day, start with nicotine patch 14mg/day If No to smoking > 10 cigs/day start with nicotine patch 21mg/day

Step	Assessment	Referral
STEP 6: Medical History Bupropion and varenicline screening Questions 10-14	Consider NRT* if yes to any question from 10-14	
	a) If yes to any question → avoid bupropion. If patient still wants bupropion, refer. Refer →	Refer to PCP **AND** Oregon Quit Line 1-800-QUIT-NOW; NRT* can be considered
	b) If yes to any questions from 12-14→ avoid varenicline. If patient still wants varenicline, refer. Refer →	
	If patient answered no to questions 10 – 14, continue to step 7. If patient answered no to questions 12-14, but yes to question 10 and/or 11, AND wants varenicline (but not bupropion), skip to step 8	

Step	Continue	Refer	Referral
STEP 7: Medication History Questions 15-17 on questionnaire.	If patient answered no to questions 15-17, review depression screening step 8.	If patient answered yes to any question from 15-17 → Avoid bupropion. Refer → - Refer if patient still wants bupropion. - If patient wants varenicline, continue to depression screening step 8.	Refer to PCP if patient wants bupropion; NRT* can be considered
STEP 8: The Patient Health Questionnaire 2 (PHQ 2): Depression Screening	Score < 3 on PHQ2. Review Suicide Screening in step 9.	Score ≥ 3 on PHQ. Refer → Avoid bupropion and varenicline, refer to PCP for treatment. NRT* can be offered.	Refer to PCP; NRT* can be considered
STEP 9: Suicide Screening	Score of 0 on suicide screening. May prescribe bupropion or varenicline.	Score ≥ 1 on suicide screening. **Immediate** referral to PCP. Refer →	Call PCP office to notify them of positive suicide screening and determine next steps. After hours, refer to suicide hotline 1-800-273-8255

Prescribing Bupropion:	Prescribing Varenicline:
150mg SR daily for 3 days then 150mg SR twice daily for 8 weeks or longer. Quit day after day 7. Consider combining with Nicotine patch or Nicotine lozenge or Nicotine gum for increased efficacy.* For patients who do not tolerate titration to the full dose, consider continuing 150mg once daily as the lower dose has shown efficacy.	0.5mg daily for 3 days then 0.5mg twice daily for 4 days then 1mg twice daily for 12 to 24 weeks. Quit day after day 7 or alternatively quit date up to 35 days after initiation of varenicline. Generally not used in combination with other smoking cessation medications as first line therapy.

Tobacco Cessation Assessment & Treatment Care Pathway

*Nicotine Replacement Dosing:

	Dose
Long Acting NRT	
Nicotine Patches	• Patients smoking >10 cigarettes/day: begin with 21mg/day for 6 weeks, followed by 14mg/day for 2 weeks, finish with 7mg/day for 2 weeks • Patients smoking ≤ 10 cigarettes/day: begin with 14mg/day for 6 weeks, followed by 7mg/day for 2 weeks • **Note:** Adjustment may be required during initial treatment (move to higher dose if experiencing withdrawal symptoms; lower dose if side effects are experienced).
Acute NRT	
Nicotine Gum	• Chew 1 piece of gum when urge to smoke occurs. If strong or frequent cravings are present after 1 piece of gum, may use a second piece within the hour (do not continuously use one piece after the other). • Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise the 2 mg strength is recommended. • Use according to the following 12-week dosing schedule: o Weeks 1 to 6: Chew 1 piece of gum every 1 to 2 hours (maximum: 24 pieces/day); if using nicotine gum alone without nicotine patches, to increase chances of quitting, chew at least 9 pieces/day during the first 6 weeks o Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day) o Weeks 10 to 12: Chew 1 piece of gum every 4 to 8 hours (maximum: 24 pieces/day)
Nicotine Lozenges	• 1 lozenge when urge to smoke occurs; do not use more than 1 lozenge at a time • Patients who smoke their first cigarette within 30 minutes of waking should use the 4 mg strength; otherwise the 2 mg strength is recommended. • Use according to the following 12-week dosing schedule: o Weeks 1 to 6: 1 lozenge every 1 to 2 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day); if using nicotine lozenges alone without nicotine patches, to increase chances of quitting, use at least 9 lozenges/day during the first 6 weeks o Weeks 7 to 9: 1 lozenge every 2 to 4 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day) o Weeks 10 to 12: 1 lozenge every 4 to 8 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day)
Nicotine Inhaler	• *Initial treatment*: 6 to 16 cartridges/day for up to 12 weeks; maximum: 16 cartridges/day • Use beyond 6 months is not recommended (has not been studied). If patient is unable to stop smoking by the fourth week of therapy, consider discontinuation. • *Discontinuation of therapy:* After initial treatment, gradually reduce daily dose over 6 to 12 weeks. Some patients may not require gradual reduction of dosage and may stop treatment abruptly.
Nicotine Nasal Spray	• Initial: 1 to 2 doses/hour (each dose [2 sprays, one in each nostril] contains 1 mg of nicotine) • Adjust dose as needed based on patient response; do not exceed more than 5 doses (10 sprays) per hour [maximum: 40 mg/day (80 sprays)] or 3 months of treatment • If using nicotine nasal spray alone without nicotine patches, for best results, use at least the recommended minimum of 8 doses per day (less is likely to be effective). • Use beyond 6 months is not recommended (has not been studied). If patient is unable to stop smoking by the fourth week of therapy, consider discontinuation. • *Discontinuation of therapy:* Discontinue over 4 to 6 weeks. Some patients may not require gradual reduction of dosage and may stop treatment abruptly.

Oregon licensed pharmacist must adhere to Prescribing Parameters, when issuing any prescription for tobacco cessation.

PRESCRIBING PARAMETERS:

- 1st prescription(s) up to 30 days
- Maximum duration = 12 weeks
- Maximum frequency = 2x in a rolling 12-month period

TREATMENT CARE PLAN:

- Documented follow-up: within 7-21 days, phone consultation permitted

Tobacco Cessation Prescription

Optional-May be used by pharmacy if desired

Patient Name:	Date of birth:
Address:	
City/State/Zip Code:	Phone number:

☐ Verified DOB with valid photo ID

☐ Referred patient to Oregon Quit Line (1-800-QUIT-NOW or www.quitnow.net/oregon)

☐ BP Reading: ____/____ mmHg *must be taken by a RPh

Note: RPh must refer patient if blood pressure ≥ 160/100

Rx

Written Date: ____________________________________

Prescriber Name:_______________________________Prescriber Signature: _________________________

Pharmacy Address:____________________________________Pharmacy Phone: _____________________

-or-

☐ Patient Referred

Notes:____

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