

Quit Tobacco Medication

Michigan Department
of Community Health



www.michigan.gov/tobacco

Michigan Tobacco Quit Line 1-800-480-QUIT (7848)

First-Line Medications	Recommended Dosage	Correct Usage	Pros	Cons
<p>Bupropion SR (Zyban®)</p> <p>Prescription only</p>	<p>150 mg, 1x/day for 3 days, then increase to 2x/day</p> <p>Treatment should be started 1-2 weeks prior to quit date & continue for 7-12 weeks following quit date .</p>	<p>Take by mouth with or without food. Swallow whole. Do not crush, chew, or break.</p> <p>Those with marked insomnia should take the PM dose earlier, but at least 8 hours after the AM dose.</p> <p>Alcohol should be used in moderation.</p> <p>Dose tapering not necessary when discontinued.</p>	<p>Nicotine free medication.</p> <p>Can be used with NRT.</p> <p>High, long term success rates—24.2% when used alone. Up to 28.9% when used w/patch.</p> <p>May be beneficial in patients with depression.</p>	<p>Contraindicated in patients with history of seizure disorder, liver disease, brain injury or eating disorder.</p> <p>Patients w/major depressive disorder may experience an increase in symptoms or thoughts of suicide.</p> <p>Insomnia, dry mouth Less common: skin rash, tremor</p> <p>Should not be taken with MAO inhibitors</p>
<p>Chantix®/Varenicline</p> <p>Prescription only</p>	<p>Initial dose .5 mg 1x/day for 3 days, then .5 mg 2x/day for 4 days. Then, increase to 1 mg 2x/day through the end of treatment (3 months).</p> <p>Starting week's dose should being 1 week prior to quit date</p>	<p>Take after eating with a full glass of water</p>	<p>Nicotine free.</p> <p>High success rates (33% after 6 months)</p>	<p>Should not be taken w/NRT</p> <p>Nausea, changes in dreaming</p> <p>Use caution when driving or operating heavy equipment</p> <p>Patients with a history of psychiatric illness should be monitored closely for changes in mood and behavior</p> <p>Use with caution in patients with severe renal dysfunctions</p> <p>New medication not yet covered by all insurance plans</p>
<p>Nicotine gum (Nicorette® Nicorette Mint, Orange, generic)</p> <p>Over the counter</p>	<p>Patients who smoke \leq 25 cigarettes/day: 2 mg gum, up to 24 pieces/day</p> <p>Patients who smoke \geq 25 cigarettes/day: 4 mg, up to 24 pieces/day</p> <p>Gum should be used for up to 12 weeks</p>	<p>Gum should be chewed slowly until a "peppery" taste or tingling sensation emerges; it should then be "parked" between the cheek and upper or lower gum to allow nicotine absorption through oral mucosa; gum should intermittently be chewed and parked for 30 minutes or until taste dissipates</p>	<p>Imitates patient's smoking pattern</p> <p>Can be used on a scheduled basis or as needed</p> <p>Can be used discretely</p> <p>Nicotine reaches the brain in 5-10 minutes</p> <p>Appeals to spit tobacco users – mimics behavior</p>	<p>Mouth, jaw soreness, hiccups, dyspepsia</p> <p>Can't eat or drink anything except water 15 minutes before and during use of gum</p> <p>Patients often do not chew enough gum in a day to get maximum benefit</p> <p>May stick to dental work</p> <p>May cause dependence</p>

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<p>Nicotine nasal spray (Nicotrol® NS)</p> <p>Prescription only</p>	<p>A dose (one squirt or pump) of nasal spray contains 0.5 mg delivery to each nostril.</p> <p>Initial dose: 1-2 doses/hour, increasing to no more than 5x/hour or 40 x/day (each bottle contains about 100 doses)</p> <p>Minimum recommended treatment is 8 doses/day</p>	<p>Patients should exhale first and then use spray.</p> <p>Spray should not be inhaled</p> <p>Tilt head back when using</p>	<p>Produces most rapid increases in blood nicotine levels</p> <p>Can use as needed; imitates smoker's tobacco use pattern</p>	<p>Nasal irritation, congestion</p> <p>Changes in taste or smell</p> <p>Some risk of dependency</p> <p>Should not be used in patients with reactive airway disease (e.g., asthma)</p>
<p>Nicotine inhaler (Nicotrol®)</p> <p>Prescription only</p>	<p>6-16 cartridges/day (each cartridge delivers 10 mg nicotine over 80 inhalations)</p> <p>Inhaler should be used for up to 6 months, with tapering dosage in the final 3 months of treatment</p>	<p>Patient sucks on mouthpiece.</p> <p>3-4 puffs/minute for 5 minutes = one cigarette</p> <p>Best effects achieved by dosing on regular schedule</p> <p>Avoid acidic beverages 15 minutes prior to and during inhalation</p>	<p>Mimics patient's smoking pattern and behaviors</p> <p>Medication absorbed in 5-10 minutes</p>	<p>Must be kept at 40 degrees or higher</p> <p>Local irritation in throat and mouth, coughing, rhinitis</p> <p>Requires frequent use to gain therapeutic effect</p> <p>Not always covered by insurance plans</p> <p>Patients may find it difficult to use or use it incorrectly</p>
<p>Nicotine Lozenge (Commit™)</p> <p>Over the counter</p>	<p>2 and 4 mg lozenges</p> <p>For smokers have their first cigarette within 30 minutes of waking, use 4 mg</p> <p>For smokers who have their first cigarette more than 30 minutes after waking, use 2 mg</p> <p>1 lozenge every 1 – 2 hours. No more than 5 lozenges in 6 hours or 20 lozenges/day (9 lozenges/day for the first 6 weeks recommended)</p> <p>Treatment should be used up to 3 months</p>	<p>Place lozenge in mouth and let dissolve, moving back and forth occasionally</p> <p>Avoid acidic beverages 15 minutes prior to and during administration</p> <p>Do not bite, chew or swallow the lozenge</p> <p>Try to minimize swallowing while using the lozenge</p>	<p>Mimics patient's smoking pattern and behaviors</p>	<p>Soreness of teeth and gums, indigestion, irritated throat</p> <p>Nausea, hiccups, cough</p> <p>Taste may be difficult to get used to</p>

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<p>Nicotine Patch (Nicoderm® CQ®, Nicotrol®, ProStep and Habitrol generic)</p> <p>Prescription, over the counter</p>	<p>Patches come in 21, 14, 7, 15, 10 and 5 mg, depending on the manufacturer; 16 and 24 hour versions</p> <p>Patients who smoke: 5-10 cigarettes/day – use 14 mg patch; 11-20 cigarettes/day – use 21 mg patch</p> <p>21 mg/24 hours for 4 weeks; 14 mg/24 hours for 2 weeks; then 7 mg/24 hours for 2 weeks OR 15 mg/16 hours for 8 weeks</p>	<p>Place on hairless location anywhere between the waist and neck.</p> <p>Apply upon waking, once a day</p> <p>Patients with insomnia should remove the 24-hour patch before sleep or use the 16-hour patch; may need to use fast-acting NRT in the morning before a therapeutic nicotine blood level is reached (it takes 2 hours to reach a therapeutic level of nicotine)</p>	<p>Provides a low level of nicotine over a long period to reduce craving</p> <p>Easy to use</p>	<p>Local skin irritation (can be treated w/hydrocortisone or triamcinolone cream)</p> <p>Insomnia, vivid dreams</p>
Second-Line Medications	Recommended Dosage	Correct Usage	Pros	Cons
<p>Clonidine (Oral: Catapres®, generic; Transdermal: Catapres®)</p> <p>Prescription only</p>	<p>Typical dosage is 0.10 mg/day BID orally or 0.10 mg/day transdermally; increase 0.10 mg/day, per week, as needed</p> <p>Treatment should be used for 3 – 10 weeks</p>	<p>Start up to 3 days before quit date</p> <p>Those using the transdermal method should place a new patch on a relatively hairless location between neck and waist at the start of each week</p> <p>Do not abruptly terminate treatment</p>	<p>Ease of use</p>	<p>Dry mouth, drowsiness, dizziness, sedation, constipation</p> <p>Will lower blood pressure; blood pressure monitoring should be done if using</p> <p>Abruptly terminating treatment can result in a rapid increase in blood pressure, agitation, confusion, and/or tremors</p>
<p>Nortriptyline (Aventyl®, Pamelor®, generic)</p> <p>Prescription only</p>	<p>Start at 25 mg/day and increase to 75-100 mg/day</p> <p>Treatment should be used for 3 months</p>	<p>Therapy should be started 10 – 28 days before quitting</p>	<p>Ease of use</p> <p>Low cost</p>	<p>Sedation, dry mouth, light-headedness, shaky hands, blurred vision, urinary retention; use with extreme caution in patients with cardiovascular disease</p>

Source: *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline