

<p>Nicotine Nasal Spray (Nicotrol NS)</p>	<p>+ Flexible dosing / use prn + High dose – good for heavier users - Costly, Prescription only</p>	<p>Med Interactions: (see "All NRT") Contraindications / Warnings: (see "All NRT"), caution with reactive airway disease Side Effects: (see "All NRT"), nasal congestion, nasal tract irritation, temporary change in smell / taste</p>	<p>Recommended Usage (see "All NRT")</p> <ul style="list-style-type: none"> • 1-2 doses / hr; Max 5 / hr or 40 / day • Most average 1 dose per hour (1 dose = 1 spray in ea nostril) • Do not inhale while spraying • Spray towards outer nasal walls • 12 weeks; Stop if not quit in 4 weeks <p>"Off Label" Trends (see "All NRT")</p>
<p>Nicotine Lozenge (Commit)</p>	<p>+ OTC, Flexible dosing / use prn + Good for 'irregular' smoker + Oral substitute + 25% higher delivery vs gum - Consuming too fast - Increases S/E's - Costly as monotherapy</p>	<p>Med Interactions: (see "All NRT") Contraindications / Warnings: (see "All NRT") Side Effects: (see "All NRT"), throat/mouth irritation, coughing, rhinitis</p>	<p>Recommended Usage (see "All NRT")</p> <ul style="list-style-type: none"> • 2 mg: 1st cig > 30 min after awakening • 4 mg: 1st cig < 30 min after awakening • No food or drink before or while using • Max 6 / 5-hr period, max 20 / day • 12 weeks <p>"Off Label" Trends (see "All NRT")</p> <ul style="list-style-type: none"> • Can taper

NON-NICOTINE PRODUCTS – FDA APPROVED 1ST LINE MEDICATIONS

<p>Bupropion SR / XL (Zyban, Wellbutrin, Bupropion)</p>	<p>+ Ease of use + Mood elevating effect + Attenuates weight gain + May be best choice for patient with higher depressive symptoms at BL - 1-2 weeks to achieve therapeutic effect</p>	<p>Med Interactions: MAOIs, TCAs, NRT, protease inhibitors; OK with SSRIs (limited data) Contraindications / Warnings: seizure risk, pregnancy, eating disorder, psychosis Side Effects: Depressed mood or Depression, suicidal ideation / attempt / completion, changes in thinking or behavior, hostility, agitation, worsening pre-existing psych illness, anxiety, insomnia, dry mouth, shakiness, sedation, tx emerg HTN Evaluate seizure risk: any <i>h/o</i> seizures, anorex / bulimia, head trauma, loss of consciousness, other meds that lower seizure threshold, brain lesions, abrupt d/c alcohol, sedatives</p>	<p>Recommended Usage</p> <ul style="list-style-type: none"> • Daily for 3 days, twice /day 7-12 weeks (XL is once daily) • Set quit date for 7 days after starting • Can use up to 24 weeks; Tapering not necessary • Discontinue if no progress in 7 weeks <p>"Off Label" Trends</p> <ul style="list-style-type: none"> • Keep at qd dose for 1 week before increasing • Set quit date for 14 days after starting • Can use up to 12 months • Combine with NRT, Varenicline
<p>Varenicline (Chantix)</p>	<p>+ Ease of use + No CYP450 (liver) concerns; minimal renal concerns + No drug-drug interactions + Starter / Continuation Paks; bottles - 1-2 weeks to achieve therapeutic effect (at least)</p>	<p>Med Interactions: none Contraindications / Warnings: caution with severe ESRD Side Effects: Changes in thinking / behavior / mood, hostility, agitation, depression / depressed mood, suicidal thoughts / actions, anxiety / panic, aggression, anger, mania, abnormal sensations, hallucinations, paranoia, confusion, worsening psych symptoms; sleep disturbance; vivid dreaming; serious / life-threatening skin reactions (rash, swelling, redness, peeling); allergic reactions (swelling of face, mouth, throat), blisters in mouth, caution driving / operating machinery; nausea, insomnia, abnormal dreaming, fatigue, constipation, vomiting</p>	<p>Recommended Usage</p> <ul style="list-style-type: none"> • 0.5mg per day for 3 days, then 0.5mg twice per day for 4 days, then 1mg twice per day for 11 weeks • If quit at 12 weeks, consider additional 12 weeks • Eat a meal and drink full glass of water <p>"Off Label" Trends</p> <ul style="list-style-type: none"> • Can use for 1 year (safety data available) • Combine with NRT, Bupropion • More rapid up-titration to maximal dose (0.5mg qd, 0.5mg bid, 1.0mg bid) over as few as 3 days

OTHER OPTIONS – 2ND LINE MEDICATIONS (NOT FDA APPROVED)

<p>Nortriptyline</p>	<p>- Must monitor closely</p>	<p>Higher level of side effects; Significant risk for CV patients</p>	<ul style="list-style-type: none"> • 25 mg /day; gradual increase to 75-100 mg /day • 12 weeks
<p>Clonidine</p>	<p>+ Transdermal (tts) or oral (po) forms - Must monitor closely</p>	<p>Higher level of side effects, especially with abrupt discontinuation</p>	<ul style="list-style-type: none"> • 3 – 10 weeks • PO: 0.10mg; increase by 0.10mg as needed up to 0.75 mg • TTS: 0.10 mg; can increase to 0.20 mg