State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
ENFORCEMENT DIVISION
7 Eagle Square, Suite 100
Concord, N.H. 03301-2412
Telephone 603-271-2152 · Fax 603-271-6847

Lindsey B. Courtney
Executive Director

Jessica F. Kallipolites
Director

October 31, 2022

TO: Commissioners New Hampshire Board of Pharmacy

FROM: Enforcement Division- Kaitlyn Simoneau, PharmD, RPh. - Chief Pharmacy Compliance Investigator/Inspector

RE: Public Comment on Ph 2600 Proposed Changes

Dear Commissioners,

The pharmacy compliance inspection team of the enforcement division have thoroughly reviewed the proposed changes to the Ph 2600 rules. I have attached a document that includes our comments in the margin of the document. I am also attaching two examples of Tobacco Cessation documents from other states as referenced in the comments. I would ask that you review the comments for consideration. As always, the inspectors are willing to sit down to discuss these comments in depth if requested by the Board.

Thank you for your time and consideration on this matter.

Adopt Ph 2600 to read as follows:

CHAPTER Ph 2600. PHARMACIST INITIATION AND DISPENSING OF NICOTINE CESSATION THERAPY

PART Ph 2601 PURPOSE, SCOPE, AND COOPERATION

Ph 2601.01 Purpose. The purpose of this section is to promulgate procedures regardingthe dispensing of nicotine cessation therapy, via a standing order, pursuant to RSA 318:47-m.

Ph 2601.02 Scope. The rules shall regulate pharmacists licensed by the New Hampshire board of pharmacy in the prescribing and dispensing of nicotine cessation therapy without a prior prescription.

Ph 2601.03 Cooperation. In order to clarify, improve, and support appropriate pharmacist prescribing, the board shall periodically review prescribing standards and practices and seek recommendations in consultation with designated representatives from the New Hampshire board of medicine, New Hampshire board of nursing, and the department of health and human services.

PART Ph 2602 DEFINITIONS

Ph 2602.01 Definitions.

(a) “Nicotine cessation therapy” means medications, which the United States Food and Drug Administration (FDA) classifies as available by prescription or without a prescription for the purpose of nicotine cessation.

(b) “Medication assisted treatment” is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration and MAT programs are clinically driven and tailored to meet each patient’s needs.

(c) "Standing order" means a written and signed protocol authored by a physician licensed under RSA 329:12, a physician assistant licensed under RSA 328-D:2, or an advanced practice registered nurse licensed under RSA 326-B:18. The agreement shall specify a protocol allowing a licensed pharmacist to provide nicotine cessation therapy under the delegated prescriptive authority of the physician, physician assistant, or APRN, a mechanism to document screening performed and the prescription in the patient's medical record, and include a plan for evaluating and treating adverse events. The prescriptions shall be considered a legitimate medical purpose in the usual course of professional practice.

(d) “Licensed pharmacist” or “pharmacist” means “licensed pharmacist” or “pharmacist” as defined in RSA 318:1, VII, namely, “when not otherwise limited, means a person holding a license under RSA 318:18 and who is, therefore legally authorized to practice the profession of pharmacy in this state.”

(e) “Board" means the New Hampshire board of pharmacy created by RSA 318.

PART Ph 2603 PHARMACIST REQUIREMENTS FOR CERTIFICATION

Ph 2603.01 Pharmacist Requirements. In order to dispense nicotine cessation therapy, a pharmacist shall:

(a) Hold a current license to practice as a pharmacist or be registered as a pharmacy intern under RSA 318:15 in New Hampshire;

(b) Possess at least $1,000,000 of professional liability insurance coverage;

(c) Complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to nicotine cessation;

(d) Provide notice to the primary care provider, when designated by the patient, of the administration of nicotine cessation therapy;

(e) Have a current standing order authored and signed by a physician, physician assistant, or advanced practice registered nurse (APRN) that is renewed and signed every 2 years;

(f) Construct, maintain, and follow written policies and procedures that establish a protocol that includes patient evaluation, treatment, dispensing, and follow up.

(g) Recommendation the patient seeks additional assistance for behavior change, including but not limited to the NH Smoke Free helpline (1-800-quit-now) and web-based programs such as "Quit Now" located at http://quitnownh.org.

PART Ph 2604 PHARMACIST RECORD KEEPING PROCEDURES

Ph 2604.01 Recordkeeping Procedures. A pharmacist engaging in the initiation and dispensing of nicotine cessation therapy the pharmacist shall maintain records for a minimum of 4 years that include at least the following:

(a) A copy of the "NH Tobacco Cessation Self-Screening Patient Intake Form" completed by the patient;

(b) A copy of the prescription if medication was dispensed and shall, at a minimum, include:

(1) The patient's blood pressure reading; and

(2) All notes the pharmacist made related to the assessment and treatment plan.

PART Ph 2605 STANDARDS OF PRACTICE

Ph 2605.01 Pharmacist Standards of Practice.

(a) Pharmacists under this section shall comply by using the most current "N.H. Tobacco Cessation Self-Screening Patient Intake form" and "N.H. Tobacco Cessation Assessment and Treatment Care Pathway".

(b) Pharmacists shall maintain a current copy of the standing order and make it readily available upon inspection or request by the board. This standing order shall be reviewed and be updated at least every 2 years;

(c) Pharmacists under this section shall properly screen patients for appropriate therapies or referral and work with their medical partners and the New Hampshire department of health and human services to provide support for patients to improve outcomes; and

(d) The pharmacist shall maintain their verification of completion of a ACPE board- approved

Commented [SK1]: Standing order referenced in other chapters of the rules does not include an expiration date. The pharmacy inspectors have been under the impression that the standing order would expire 1 year from when it was written which would be the same as a prescription. If the Board intends to keep it with a 2 year expiration then please considering updating the definition of standing order in other chapters (hormonal contraception, immunization, Narcan)

Commented [SK2]: Where are these forms located? I could not find a form with this specific title on the internet. Is this something that would be available on the Board website? As we have seen with the hormonal contraception rules, referencing forms outside of our organization gets very confusing.

Commented [SK3]: This is another document that is referenced that I can't find. I have found that other states have created their own documents. I have attached a couple examples with my comments.

Commented [SK4]: This is another reference to the 2 year expiration for the standing order.

training and biennial continuing education requirements and make it readily available upon inspection or request by the board.

Commented [SK5]: It doesn't appear that there is an additional CE requirement for pharmacist doing nicotine cessation so why would this be required if this is not required for any other pharmacist?

Ph 2605.02 Prohibited Practices and Restrictions. A pharmacist who engages in the dispensing of nicotine cessation therapy shall not:

(a) Contract with a practitioner to gain financial compensation, or seek financial benefit through incentive-based programs or any other inducements;

(b) Initiate or dispense nicotine cessation therapy in instances where the "N.H. Tobacco Cessation Assessment and Treatment Care Pathway" requires a referral to a practitioner.

PART Ph 2606 IMMUNITY

Ph 26067.01 Immunity. The board shall not penalize pharmacists under this chapter for following standing orders that contains a defect if the requirements in Ph 2600 and RSA 318:47-m are satisfied.

APPENDIX

Rule	Specific State Statute the Rule Implements
Ph 2600	RSA 318:5-a, XVII; RSA 318:47

Exhibits

Oregon & Minnesota Board of Pharmacy Tobacco
Cessation Intake and Pathway Documents

Minnesota Board of Pharmacy
Tobacco Cessation Self-Screening Patient Intake Form*

Name_____Date of Birth_____Age____Today's Date _____
Today's BP_____/_____mmHg (*must be taken by a pharmacist or pharmacist intern supervised by a pharmacist)
Primary Care Provider/Health Care Provider's Name (and clinic name, if applicable)_____

_____

List of medicines you take _____

_____

_____

Any allergies to medicines? ***Yes / No*** If yes, list them here _____
Any food allergies (examples – menthol or soy) _____

_____

What type of tobacco products have you used?_____
Do you have a preferred tobacco cessation product you would like to use? _____
Have you tried to quit smoking or using other tobacco products in the past? If so, please describe

_____

What best describes how you have tried to stop smoking or using other tobacco products in the past? (Check all that apply)

- "Cold turkey"
- Tapering or slowly reducing the amount of tobacco you use per day
- Nicotine replacement (like patches, gum, inhalers, lozenges, etc.)
- Prescription medications (ex. bupropion [Zyban®, Wellbutrin®], varenicline [Chantix®])
- Using in person or telephone counseling for stopping tobacco use
- Other_____

Health and History Screen - Background Information:

1.	Are you under 21 years of age?	□ Yes □ No
2.	Are you pregnant, nursing, or planning on getting pregnant or nursing in the next six months?	□ Yes □ No □ Not sure
3.	Are you currently using and trying to quit *non*-cigarette products (Such as chewing tobacco, vaping, e-cigarettes, Juul)?	□ Yes □ No

Medical History:

4.	Have you ever had a heart attack, irregular heartbeat or angina, or have you had 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 (examples: nasal polyps, sinusitis, rhinitis)?	□ Yes □ No □ Not sure
8.	Do you have asthma or another chronic lung disorder (such as COPD, emphysema, chronic bronchitis)?	□ Yes □ No □ Not sure

Tobacco History:

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

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 Quit Partner (1-800-QUIT-NOW; 1-800-784-8669) or http://www.quitpartnermn.com TTY: 1-877-777-6534; My Life Quit (https://mn.mylifemyquit.org/index), or the American Indian Quitline (https://mn-americanindian.quitlogix.org/).
- BP Reading:_____/_____*must be taken by a pharmacist or pharmacy intern supervised by a pharmacist

Rx

Written Date: _____

Prescriber Name:_____Prescriber Signature: _____

Pharmacy Address:_____Pharmacy Phone: _____

-or-

Notes:

Tobacco Cessation Assessment & Treatment Care Algorithm

1) Health and History Screen Part 1 Review Tobacco Cessation Self-Screening Patient Intake Form (Questions 1 -2)	No = No Contraindicating Conditions. Continue to step 2	Yes/Not sure = Contraindicating Conditions. Refer to primary care provider **AND** Quit Partner 1-800-QUIT-NOW or other tobacco cessation counseling services

2) Health and History Screen Part 2 Review Tobacco Cessation Self-Screening Patient Intake Form (Question 3)	Smoking Cigarettes and answers "no." Continue to step 3	Answers Yes. Refer to Quit Partner 1-800-QUIT-NOW or other tobacco cessation counseling services

3) Blood Pressure Screen Take and document patient's current blood pressure. (Note: RPh should take a second reading if initial is high)	BP < 140/90 (if age <60) BP < 150/90 (if age > 60) Continue to step 4	BP $\geq$ 140/90. (if age < 60) BP $\geq$ 150/90. (if age > 60) Refer to primary care provider	Also refer to Quit Partner 1-800-QUIT-NOW or other tobacco cessation counseling services

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 to primary care provider.	Also refer to Quit Partner 1-800-QUIT-NOW or other tobacco cessation counseling services

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 as noted below and on the next page. If patient wants non-NRT smoking cessation products (bupropion or varenicline), refer to primary care provider.	Answers Yes. Refer to Quit Partner 1-800-QUIT-NOW to receive counseling

Prescribing NRT	• Combination NRT is preferred (Nicotine patch + Acute NRT) • Acute NRT = Nicotine gum, Nicotine lozenge, Nicotine nasal spray, Nicotine inhaler	**Tobacco History (Question 9 on questionnaire)** 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. See next page for additional information.

***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: ○ 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 ○ Weeks 7 to 9: Chew 1 piece of gum every 2 to 4 hours (maximum: 24 pieces/day) ○ 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: ○ 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 ○ Weeks 7 to 9: 1 lozenge every 2 to 4 hours (maximum: 5 lozenges every 6 hours; 20 lozenges/day) ○ 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.

TREATMENT CARE PLAN:

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

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 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 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): • Combination NRT is preferred (Nicotine patch + Acute NRT) • Acute NRT = Nicotine gum, Nicotine lozenge, Nicotine nasal spray, Nicotine inhaler	**Tobacco History (Question 9 on questionnaire)** 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 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 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. → Refer **Immediate** referral to PCP.	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:_____
_____
_____
_____
_____