

VA Formulary List of Pharmacotherapy Medications.

http://www.publichealth.va.gov/docs/smoking/nicotine_drugs_list.pdf

VA Formulary Choices for Pharmacotherapy of Smoking Cessation					
	Bupropion	Nicotine Transdermal Patch	Nicotine polacrilex gum	Nicotine polacrilex lozenge	Varenicline
Trade Name and Dose availability	Bupropion SR (Zyban) 150mg, 300mg tab Bupropion IR 100mg tab	Nicoderm/Habitrol 21mg/14mg/7mg Nicotrol* 15mg/10mg/5mg	Nicorette Gum 2mg, 4mg	Commit Lozenge 2mg, 4mg	Chantix 0.5mg, 1mg tablet
Recommended Regimen	<i>Bupropion SR (Zyban)</i> 150mg qd x 3d then 150mg bid (8 hrs apart) patients with cirrhosis need adjusted dose: 150mg qod <i>Bupropion IR</i> 100mg qd x3d, then 100mg tid patients with cirrhosis need adjusted dose: 75mg qd	High Dependence† 21mg x 4-6wks, then 14mg x 2wks, then 7mg x 2wks Low Dependence 14mg x 6-8wks, then 7mg x 2wks	High Dependence† 4mg q1-2hrs x6wks, then q2-4hrs x4wks, then q4-6hrs x2wks Low Dependence 2mg q1-2hrs x6wks, then q2-4hrs x3wks, then q4-6hrs x3wks -No more than 24 pieces/24hrs	High Dependence† 4mg Low Dependence 2mg -Suck 1 lozenge q1-2hrs x6wks, then 1 q2-4hrs x3wks, then 1 q4-8hrs x3wks -No more than 20 lozenges/24hrs or 5 lozenges/6hrs	Initial: 0.5 mg qd for days 1- 3, then 0.5 mg bid for days 4 -7, then 1 mg bid for total of 12 weeks duration - Dose adjust for CrCl<30: max dose is 0.5mg bid; ESRD or HD: 0.5mg qd.
Administration comments	-start 1-2 wks prior to quitting smoking (to achieve steady-state levels) -continue treatment for 7-12 wks (if no progress is made by week 7, consider discontinuing therapy) -if insomnia, take PM dose in afternoon	-Usually worn for 16 - 24hrs -Apply from neck to waist -Rotate sites -Takes 2-3d for effect after application of first patch	-Chew slowly (about 10 chews) until peppery taste then "park" between teeth and gums till taste dissipates. Repeat process on and off for 30mins/piece -Has been studied in combination with patch	-Allow lozenge to dissolve slowly over 20-30 minutes shifting in mouth occasionally. -Do not chew or swallow (increased risk of GI side effects)	-Start 1 week prior to quit date -Take drug after eating and with 8 ounces of water - Instruct patient or caregiver to report depression, suicidal ideation, unusual changes in behavior, or worsening of pre-existing psychiatric illness - An additional 12 wks of treatment in patients who have successfully stopped smoking may increase the likelihood of long-term abstinence
1-year Abstinence rates‡	10-30% (up to 35% when combined with patch)	16-30% (dose dependent); high dose patch: 30%	20-30%	15-20%	18.5% - 23% (12 wk course) vs 4-10% with placebo 43.6% (with additional 12 wk course) vs 37% with placebo
Time to Peak blood concentrations	3 hours (half-life = 21 hrs)	4-10hrs	15-30 mins	No data on time to peak concentration	3-4 Hours
Absorption	20%	75-90%	30%	30%	High; virtually completely absorbed
Advantages (+) and Disadvantages (-)	(+) better compliance; ease of use; can be combined with patch; consistent rate of exposure; helps with withdrawal symptoms (-) many drug interactions due to metabolism by	(+)best adherence; easy to use; consistent rate of exposure; unobtrusive (-)less effective for cravings; difficult to control	(+) helps prevent sudden urges; can titrate to adjust for cravings; oral substitute for cigarettes (-)difficult for those with poor dentition or dentures; must learn	(+)easy to use; discreet; higher immediate levels; can titrate to adjust for cravings; reduces self-reported withdrawal symptoms (-)must abstain from drinking/eating during	(+) better compliance; ease of use; consistent rate of exposure; superior rate of abstinence compared to bupropion and placebo (-) potential for