

Provider Reference Guide for Common Scenarios

What You Should Do/Pt Perceptions	Scripts	Rationale
➤ Reinforce cessation advice	"Mr. Smith, I'm so happy to see that you are ready to smoking. Quitting is the single most important thing you can do to improve your health...."	Multiple studies have shown that simple, direct advice from a physician improves cessation rates.
➤ Pt is not ready to quit and/or seems uninterested in discussing cessation.	"Mr. X, I hear you and I respect your decision. You have to be ready to quit before it will work. Has there ever been a time when you were ready? What helped you get there? Have you ever known anyone else that successfully quit even for a little while?"	Pushing the issue in the present only creates conflict. Make it less "hot" by discussing past quit attempts or quit attempts by other people. It keeps the conversation going without being adversarial. Remember the goal is just to stir things and get the patient thinking.
➤ Pt is ambivalent about quitting but willing to talk about it.	"I can see why you might have some reservations about quitting. What do you think you'll miss the most if you quit? What's the biggest downside of continuing to smoke? What are the advantages of quitting or continuing?"	Decisional balance helps pts think about the pros and cons of smoking and of quitting. You might also try using the readiness ruler – "On a scale of 1-10, how ready are you to quit? Why didn't you give yourself a lower score? What would it take to raise you higher?"
➤ Pt wants to quit but has low confidence ➤ Share success stories, recall past victories ➤ Assign homework such as ○ Delay 1 st cigarette of the day ○ Decrease number smoked ○ Talk with friends that have quit ➤ Discuss resources and supports for quitting such as NRT, Rx, Quit lines, websites	[Share any success stories from personal recollection] "You said you know someone who has successfully quit in the past? Have you talked to him/her about what helped?" "Quitting is hard but we have tools that will greatly improve your chances of being successful...."	Most successful quitters start with a confidence score of 8. Raising confidence before setting a quit date can help improve outcomes. Confidence may go up after small victories like delaying the first cigarette, recalling past change attempts or thinking about others that have quit. NRT, Rx, and internet/smart phone resources have been proven to help patients quit and may build confidence.

Medications & Dosages*

Name	Available forms	Instructions for use	Cautions	Cost*	Medi-Cal	Medicare	Healthy San Francisco	SF Health Plan
Nicotine Replacement Therapy (NRT)								
Nicotine patch (Nicoderm CQ)	7 mg, 14 mg, or 21 mg (depending on smoker)	1 patch/day for 8-10 weeks		\$\$\$	Yes/Covered (T.A.R. not req)	Not Covered	Yes/Covered Certificate not required	Yes/Covered Certificate not required
Nicotine gum (Nicorette)	2 mg or 4 mg	Start at 9/day for first 6 weeks, lessen throughout next 6 weeks		\$\$	Yes/Covered Certificate not required	Not Covered	Not Covered PA required	Yes/Covered with quantity limits of #9 per day and 180 days of fills in 365days
Nasal spray (Nicotrol NS)	1 mg (0.5 mg each nostril)	8-40 doses/day		\$\$\$\$	Yes/Covered (T.A.R. req)	May be covered	Not Covered	Yes/Covered
Inhalers (Nicotrol)	10 mg per cartridge (4 mg delivered)	Start at 6/day for 3 to 6 weeks, <16/day as needed for next 6 weeks	Caution in pts with bronchospastic disease	\$\$\$\$	Yes/Covered (T.A.R. req)	Not Covered	Not Covered	Yes/Covered
Lozenge (Commit)	2 mg or 4 mg	Start at 9/day for first 6 weeks, lessen throughout next 6 weeks		\$\$	Yes/Covered restricted to Nicorette Brand Certificate not required	Not Covered	Not Covered	Not Covered
Smoking Cessation Medications								
Bupropion (Zyban, Buproban)	150 mg	Start at 150 mg QD, increase to max of 150 mg BID as tolerated	-Use lower doses in moderate to mild liver disease or severe renal impairment -No concurrent use with MAO inhibitors	\$\$\$\$	Yes/Covered Certificate not required	Not Covered unless beneficiary has upgraded drug plan	Yes/Covered but only generic Willbutrin XL (Bupropion XL)	Yes/Covered but only generic Willbutrin XL (Bupropion XL)
Varenicline (Chantix)	1 mg	Start at 0.5 mg (half-pill) QD, increase to 0.5 mg BID, to max of 1 mg BID	Use lower doses in severe renal impairment	\$\$\$\$	Yes/Covered (T.A.R. req) Certificate not required	Not Covered unless beneficiary has upgraded drug plan	Yes/Covered PA required Certificate required	Yes/Covered Certificate not required

*Adapted from the SFGH Smoking Cessation Product, Prescription & Insurance Coverage May 2014 Handout

**\$ = < \$25, \$ = \$25 to \$49, \$\$\$ = \$50 to \$99, \$\$\$\$ = \$100 to \$199, and \$\$\$\$\$ = > \$200. (everydayhealth.com)