

Provider's Protocol to Increase Smoking Cessation

1. For all patients identified as current smokers on the clinic lists printed from the clinical DB, engage in a kind discussion regarding the importance of smoking cessation.
2. Acknowledge empathetically that quitting is hard, and do not trivialize the difficulties with smoking cessation.
3. Explain to patients why tobacco is addicting, and that you will prescribe Wellbutrin, which is safe and acts on the brain's nicotine receptors and helps reduce nicotine withdrawal symptoms.
 - a. *Wellbutrin is contraindicated in patients with a history of seizures, eating disorders, or who are taking another form of bupropion or who have used an MAO inhibitor in the past 14 days. If not known, ask the patient about psychiatric history, and prescribe cautiously if serious psychiatric history exists. Wellbutrin does not have any dosage adjustments for patients with renal impairment (CrCl <30ml/min), however, if your patient has severe renal impairment, consider only using NRT instead of oral therapy.*
 - b. Explain to patients that before Wellbutrin is prescribed, they must choose a quit date and start Wellbutrin **7 days** before that date. Their quit date should be on a low stress day (i.e. weekend) to maximize success.
 - i. In preparation for the quit date, ask patients to reduce the number of cigarettes consumed per day by at least half, or to use the 14mg transdermal patch available free at AHEC. If patients do not want to use the patch, recommend other NRTs (e-cigarettes, nicotine gum, inhaler, lozenge, etc.). If patients use an NRT and continue with their current smoking habits, they will get sick from nicotine overdose. Patients must cut down on cigarette consumption by at least half while on NRT, with the goal of not smoking at all while on NRT.
 - c. One of the most important parts of the discussion is including the expected side effects of Wellbutrin. If these are not described, the patient is likely to quit using the medication. The most common side effects are insomnia and dry mouth. These side effects may subside with a lower dose, or with continued use of the medication.
 - i. Provide patient with Wellbutrin brochure and briefly discuss with patient.
 - ii. Taking the second dose of Wellbutrin between 4-6PM with a snack may decrease side effects.
 - iii. Recommend that patients don't take Wellbutrin after dinner to decrease the risk of sleep disturbance.
 - iv. Encourage patients to let you know if they have these side effects to discuss possible maneuvers to help rather than stopping the medication on their own.

4. If the patient is pregnant, do not prescribe Wellbutrin or suggest NRTs, and counsel the patient regarding the risk to their fetus. The quit date for these patients should be immediately.
5. If the patient has a contraindication to Wellbutrin, prescribe Chantix, and provide patient with the Chantix brochure. Explain to patients that Chantix works on the brains' nicotine receptors to make smoking less pleasurable.
 - a. *Chantix is contraindicated in patients with severe renal impairment and patients who have had suicidal ideations before or who are severely clinically depressed. If your patient has CrCl <30ml/min, recommend patient take NRT and do not prescribe any oral therapy.*
 - b. Explain to patients that before Chantix is prescribed, they must choose a quit date and start Chantix **7 days** before that date. Their quit date should be on a low-stress day (i.e. weekend) to maximize success.
 - i. In preparation for their quit date, patients must cut down cigarette consumption by at least half. Emphasize to the patient that they may not use NRTs of any form while on Chantix, but they may still enroll in an AHEC program to receive the emotional and psychological tools needed to help them quit.
 - c. One of the most important parts of the discussion is including the expected side effects of Chantix. If these are not described, the patient is likely to quit using the medication. The most common side effects are nausea, insomnia, and vivid dreams (not necessarily nightmares).
 - i. Provide patient with Chantix brochure and discuss briefly.
 - ii. Taking Chantix with a meal or snack can reduce nausea.
 - iii. Taking the second dose of Chantix before 6PM can help reduce insomnia and vivid dreams.
 - iv. Encourage patients to let you know if they have these side effects to discuss possible maneuvers to help rather than stopping the medication on their own.
6. Give patient Wellbutrin/Chantix prescription using stamps. Doses follow 2008 AHRQ guidelines:
 - a. Wellbutrin:
 - i. 150mg once daily for 3 days, followed by 150mg twice daily for 12 weeks.
 - ii. Initiation should be 7 days prior to quit date.
 - iii. Wellbutrin is approved for a maintenance indication for up to 3 months. In some cases, patients have used Wellbutrin for 6 months, but the dose was reduced to 150mg daily.
 - b. Chantix:
 - i. 0.5mg once daily for 3 days, followed by 0.5mg twice daily for 12 weeks.
 - ii. Initiation should be 7 days prior to quit date

- iii. Chantix is approved for a maintenance indication for up to 3 months. In some cases, patients have used Chantix for 6 months, but the dose was reduced to 0.5mg daily.
7. If patients refuse the prescription because they do not want to take the medication, encourage patients to join AHEC, and provide them with a brochure. Let the patient know they can call you (not their PCP, but our office specifically) if they have any questions or need further assistance.
8. If patients refuse the prescription because they cannot afford it, consider applying for patient assistance by applying directly to Pfizer using the forms found in the "Provider Center" of the website: <http://www.rxassist.org/>
9. Let patients know that in addition to their prescriptions, it is recommended that they start eliminating cigarettes from their home and remove any potential triggers in their home or work to help them deal with cravings and triggers. If other family members smoke, it is recommended they initiate cessation efforts as well, as it will increase the likelihood that the patients as well as the patients' family members successfully quit.
10. If the time spent and discussion content meet the appropriate standard for billing, document appropriate CPT code in the patients billing record.
 - a. As per AAFP, 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Short descriptor: Smoke/tobacco counseling, 3-10
(http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/pub_health/as_kact/coding.Par.0001.File.tmp/CodingList.pdf)
 - b. 99407: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes. Short descriptor: Smoke/tobacco counseling greater than 10
11. At the follow-up appointment, the patient should be asked if they have successfully decreased their tobacco usage or quit smoking altogether, and documentation should be provided. If they have not quit smoking, offer the above prescriptions again. If they refuse and state that they are not interested, document accordingly.