MEDICATIONS for CESSATION

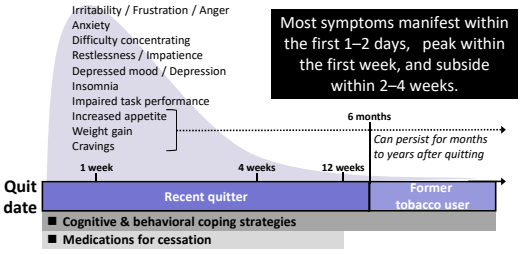
TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological	Behavioral
The addiction to nicotine	The habit of using tobacco
↓ Treatment	↓ Treatment
Medications for cessation	Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

NICOTINE WITHDRAWAL SYMPTOMS: Time Course* and Management

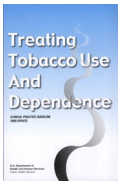


*Timeline aspect of the figure is not according to scale.

Data from Hughes. (2007). *Nicotine Tob Res* 9:315–327.

PHARMACOTHERAPY

"Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment, except where contraindicated or for specific populations* for which there is insufficient evidence of effectiveness."



** Includes pregnant women, smokeless tobacco users, light smokers, and adolescents.*

Medications significantly improve success rates.

Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: USDHHS, PHS, May 2008.

PHARMACOTHERAPY: Use in SPECIAL POPULATIONS

Pharmacotherapy is **not** recommended for:

- Pregnant women who smoke
  - Insufficient evidence of effectiveness
- Smokeless tobacco users
  - No FDA indication for smokeless tobacco cessation
- Individuals smoking fewer than 10 cigarettes per day
- Adolescents
  - Insufficient evidence of effectiveness
  - Nonprescription sales of nicotine replacement therapy (NRT) products (i.e., patch, gum, lozenge) are restricted to adults ≥18 years of age
  - NRT use in minors requires a prescription

Recommended treatment is behavioral counseling.

FDA-APPROVED MEDICATIONS for CESSATION

Nicotine gum*
- Nicorette (OTC)
- Generics (OTC)

Nicotine lozenge*
- Nicorette (OTC)
- Generics (OTC)

Nicotine patch*
- Habitrol (OTC)
- NicoDerm CQ (OTC)
- Generics (OTC)

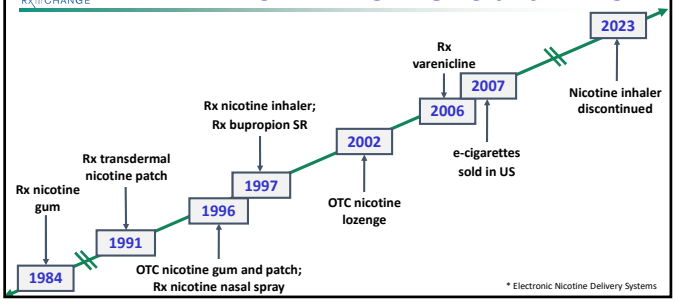
Nicotine nasal spray *
- Nicotrol NS (Rx)

Bupropion SR
- Generic (Rx)

Varenicline
- Generic (Rx)

* Nicotine replacement therapy (NRT) products.

TIMELINE for MEDICATIONS and ENDS*

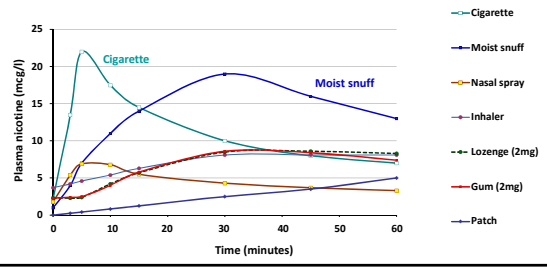


NICOTINE REPLACEMENT THERAPY (NRT) RATIONALE for USE

- Reduces physical withdrawal from nicotine
- Eliminates the immediate, reinforcing effects of nicotine that is rapidly absorbed via tobacco smoke
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation

Use of NRT products approximately doubles quit rates.

PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS



NRT: PRECAUTIONS

- Patients with underlying cardiovascular disease
  - Recent myocardial infarction (within past 2 weeks)
  - Serious arrhythmias
  - Serious or worsening angina

NRT products may be appropriate for these patients if they are under medical supervision.

NICOTINE GUM
Nicorette; generics

- Resin complex
  - Nicotine
  - Polacrilin
- Sugar-free chewing gum base
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg; original, mint (various), fruit, and cinnamon flavors

NICOTINE LOZENGE
Nicorette Lozenge, Nicorette Mini Lozenge; generics

- Nicotine polacrilex formulation
  - Delivers ~25% more nicotine than equivalent gum dose
- Sugar-free mint, cherry flavors
- Contains buffering agents to enhance buccal absorption of nicotine
- Available: 2 mg, 4 mg

NICOTINE GUM & LOZENGE: DOSING

Dose based on the "time to first cigarette" (TTFC) as an indicator of nicotine dependence

Use the 2 mg gum/lozenge:

If first cigarette of the day is smoked **more than 30 minutes** after waking

Use the 4 mg gum/lozenge:

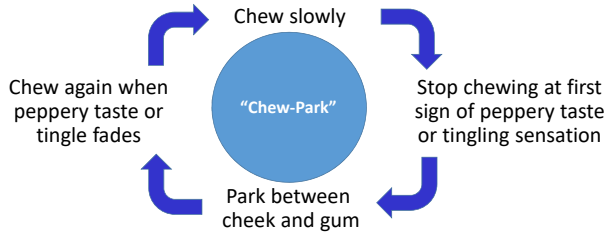
If first cigarette of the day is smoked **within 30 minutes** of waking

NICOTINE GUM & LOZENGE: DOSING (cont'd)

Recommended Usage Schedule		
Weeks 1–6	**Weeks 7–9**	**Weeks 10–12**
1 piece q 1–2 h	**1 piece q 2–4 h**	**1 piece q 4–8 h**

Begin with a minimum of 9 pieces daily when used as monotherapy

NICOTINE GUM: DIRECTIONS FOR USE



NICOTINE LOZENGE: DIRECTIONS for USE

- Place in mouth and allow to dissolve slowly (nicotine release may cause warm, tingling sensation)
- Do not chew or swallow
- Occasionally rotate to different areas of the mouth
- Lozenges will dissolve completely in about 20–30 minutes

NICOTINE GUM/LOZENGE: ADDITIONAL PATIENT EDUCATION

- To improve chances of quitting, when used a monotherapy, use at least nine pieces daily during the first 6 weeks
- The gum/lozenge will *not* provide the same rapid satisfaction that smoking provides
- The effectiveness of the nicotine gum/lozenge may be reduced by some foods and beverages:
  - Coffee
  - Juices
  - Wine
  - Soft drinks

Do NOT eat or drink for 15 minutes BEFORE or while using the nicotine gum or lozenge.

NICOTINE GUM/LOZENGE: ADD'L PATIENT EDUCATION (cont'd)

- Chewing the lozenge or using incorrect gum chewing technique can cause excessive and rapid release of nicotine, resulting in:
  - Lightheadedness/dizziness
  - Nausea and vomiting
  - Hiccups
  - Irritation of throat and mouth

NICOTINE GUM/LOZENGE: ADD'L PATIENT EDUCATION (cont'd)

- Adverse effects of nicotine gum and lozenge:
  - Mouth and throat irritation
  - Hiccups
  - Gastrointestinal complaints (dyspepsia, nausea)
- Adverse effects associated with nicotine gum:
  - Jaw muscle ache
  - May stick to dental work

NICOTINE GUM/LOZENGE: SUMMARY

ADVANTAGES

- Oral substitute for tobacco
- Might delay weight gain
- Can be titrated to manage withdrawal symptoms
- Can be used in combination with other agents to manage situational urges
- Relatively inexpensive

DISADVANTAGES

- Need for frequent dosing can compromise adherence
- Gastrointestinal adverse effects (nausea, hiccups, and dyspepsia) may be bothersome
- Specific to nicotine gum:
  - Problematic with significant dental work
  - Proper chewing technique is necessary for effectiveness and to minimize adverse effects
  - Might not be acceptable or desirable for some patients

NICOTINE PATCH

Habitrol; NicoDerm CQ; generic

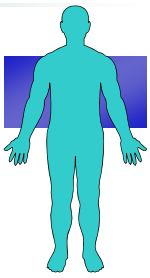
- Continuous (24-hour) nicotine delivery system
- Nicotine is well absorbed across the skin
- Transdermal delivery to systemic circulation avoids hepatic first-pass metabolism
- Plasma nicotine levels are lower and fluctuate less than with smoking

NICOTINE PATCH: DOSING

Product	Light Smoking	Heavy Smoking
NicoDerm CQ	**≤10 cigarettes/day** Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	**>10 cigarettes/day** Step 1 (21 mg x 6 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)
Habitrol Generic	**≤10 cigarettes/day** Step 2 (14 mg x 6 weeks) Step 3 (7 mg x 2 weeks)	**>10 cigarettes/day** Step 1 (21 mg x 4 weeks) Step 2 (14 mg x 2 weeks) Step 3 (7 mg x 2 weeks)

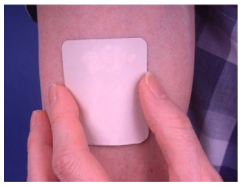
NICOTINE PATCH: DIRECTIONS for USE

- Choose an area of skin on the upper body or upper outer part of the arm
- Make sure skin is clean, dry, hairless, and not irritated
- Apply patch to different area each day
- Do not use same area again for at least one week



NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Remove protective liner and apply adhesive side of patch to skin
- Peel off remaining protective covering
- Press firmly with palm of hand for 10 seconds
- Make sure patch sticks well to skin, especially around edges



NICOTINE PATCH: DIRECTIONS for USE (cont'd)

- Wash hands: nicotine on hands can get into eyes or nose and cause stinging or redness
- Do not leave patch on skin for more than 24 hours—leaving it on longer may lead to skin irritation
- Adhesive remaining on skin may be removed with rubbing alcohol or acetone
- Dispose of used patch by folding it in half so the adhesive sides stick together

NICOTINE PATCH: ADDITIONAL PATIENT EDUCATION

- Water will not harm the nicotine patch if it is applied correctly; patients may bathe, swim, shower, or exercise while wearing the patch
- Do *not* cut patches to adjust dose
  - Can unpredictably effect nicotine delivery
  - Patch may be less effective
- Keep new and used patches out of the reach of children and pets
- Remove patch before MRI procedures

NICOTINE PATCH: ADD'L PATIENT EDUCATION (cont'd)

Common adverse effects include:

- Irritation at patch application site (generally within the first hour)
  - Mild itching
  - Burning
  - Tingling
- Sleep disturbances
  - Abnormal or vivid dreams
  - Insomnia

NICOTINE PATCH: ADD'L PATIENT EDUCATION (cont'd)

- After patch removal, skin may appear red for 24 hours
  - If skin stays red more than 4 days or if it swells or a rash appears, contact health care provider—do not apply new patch
- Local skin reactions (redness, burning, itching)
  - Usually caused by adhesive
  - Up to 50% of patients experience this reaction
  - Fewer than 5% of patients discontinue therapy
  - Confirm patient is rotating patch application sites
  - Avoid use in patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)

NICOTINE PATCH: SUMMARY

ADVANTAGES

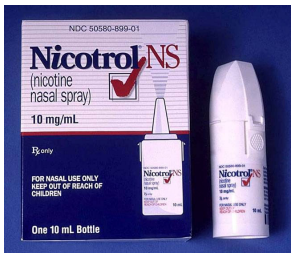
- Once-daily dosing associated with fewer adherence problems
- Of all NRT products, its use is least obvious to others
- Can be used in combination with other agents; delivers consistent nicotine levels over 24 hrs
- Relatively inexpensive

DISADVANTAGES

- When used as monotherapy, cannot be titrated to acutely manage withdrawal symptoms
- Not recommended for use by patients with dermatologic conditions (e.g., psoriasis, eczema, atopic dermatitis)

NICOTINE NASAL SPRAY
Nicotrol NS

- Aqueous solution of nicotine in a 10-ml spray bottle
- Each metered dose actuation delivers
  - 50 mcL spray
  - 0.5 mg nicotine
- ~100 doses/bottle
- Rapid absorption across nasal mucosa



NICOTINE NASAL SPRAY: DOSING & ADMINISTRATION

- One dose = 1 mg nicotine
  (2 sprays, one 0.5 mg spray in **each** nostril)
- Start with 1–2 doses per hour
- Increase as needed to maximum dosage of 5 doses per hour or 40 mg (80 sprays; ~½ bottle) daily
- At least 8 doses daily for the first 6–8 weeks
- Termination:
  - Gradual tapering over an additional 4–6 weeks
  - Recommended maximum duration of therapy is 3 months

NICOTINE NASAL SPRAY: DIRECTIONS for USE

- Press in circles on sides of bottle and pull to remove cap

NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont'd)

- Prime the pump (spray into a tissue before first use)
  - Re-prime (1–2 sprays) if spray not used for 24 hours
- Blow nose (if not clear)
- Tilt head back slightly and insert tip of bottle into nostril as far as comfortable
- Breathe through mouth, and spray once in each nostril
- Do not sniff or inhale while spraying

NICOTINE NASAL SPRAY: DIRECTIONS for USE (cont'd)

- If nose runs, gently sniff to keep nasal spray in nose
- Wait 2–3 minutes before blowing nose
- Avoid contact with skin, eyes, and mouth
  - If contact occurs, rinse with water immediately because nicotine is absorbed through skin and mucous membranes

NICOTINE NASAL SPRAY: ADDITIONAL PATIENT EDUCATION

- What to expect (first week):
  - Hot peppery feeling in back of throat or nose
  - Sneezing
  - Coughing
  - Watery eyes
  - Runny nose
- Adverse effects should lessen over a few days
  - Regular use during the first week will help in development of tolerance to the irritant effects of the spray
- If adverse effects persist after a week, contact health care provider and consider alternative treatment

NICOTINE NASAL SPRAY: SUMMARY

ADVANTAGES

- Can be titrated to rapidly manage withdrawal symptoms
- Can be used in combination with other agents to manage situational urges

DISADVANTAGES

- Need for frequent dosing can compromise adherence
- Nasal administration might not be acceptable/desirable for some patients; nasal irritation often problematic
- Not recommended for use by patients with chronic nasal disorders or severe reactive airway disease
- Cost of treatment

BUPROPION SR Generics

- Non-nicotine cessation aid
- Mechanism of action: atypical antidepressant thought to affect levels of various brain neurotransmitters
  - Dopamine
  - Norepinephrine
- Clinical effects
  - ↓ craving for cigarettes
  - ↓ symptoms of nicotine withdrawal

BUPROPION: PHARMACOKINETICS

Absorption
- Bioavailability: 5–20%

Metabolism
- Undergoes extensive hepatic metabolism (CYP2B6)

Elimination
- Urine (87%) and feces (10%)

Half-life
- Bupropion (21 hours); metabolites (20–37 hours)

BUPROPION: CONTRAINDICATIONS

- Seizure disorder
- Current or prior diagnosis of bulimia or anorexia nervosa
- Abrupt discontinuation of alcohol, benzodiazepines, barbiturates and antiepileptic drugs
- Use of MAO inhibitors (within 14 days of initiating or discontinuing therapy)

BUPROPION: WARNINGS and PRECAUTIONS

Use with caution in the following populations:

- Patients with an elevated risk for seizures, including:
  - Severe head injury
  - Concomitant use of medications that lower the seizure threshold (e.g., other bupropion products, antipsychotics, tricyclic antidepressants, theophylline)
  - Severe hepatic impairment
- Patients with underlying neuropsychiatric conditions

For a comprehensive listing of warnings and precautions, refer to the manufacturer's prescribing information.

BUPROPION: WARNINGS and PRECAUTIONS (cont'd)

- Neuropsychiatric symptoms and suicide risk
  - Changes in mood (including depression and mania)
  - Psychosis/hallucinations/paranoia/delusions
  - Homicidal ideation
  - Aggression/hostility/anxiety/panic
  - Suicidal ideation, suicide attempt, completed suicide

FDA boxed warning removed Dec 2016

Advise patients to stop taking bupropion SR and contact a health care provider immediately if symptoms such as agitation, depressed mood, or changes in behavior or thinking that are not typical are observed or if the patient develops suicidal ideation or suicidal behavior.

BUPROPION SR: DOSING

To ensure therapeutic plasma levels of the drug are achieved, begin therapy 1 to 2 weeks PRIOR to the quit date.

Initial treatment
- 150 mg orally in the morning for 3 days

Then…
- 150 mg orally twice daily for 7–12 weeks
- Doses must be administered at least 8 hours apart
- Tapering not necessary when discontinuing therapy

BUPROPION: ADVERSE EFFECTS

Common adverse effects include the following:

- Insomnia (avoid bedtime dosing)
- Dry mouth
- Nausea

Less common but reported effects:

- Anxiety/difficulty concentrating
- Constipation
- Tremor
- Skin rash

BUPROPION SR: SUMMARY

ADVANTAGES

- Twice daily oral dosing is associated with better adherence
- Might delay weight gain
- Might be beneficial in patients with depression
- Can be used in combination with NRT agents
- Relatively inexpensive

DISADVANTAGES

- Seizure risk is increased
- Several contraindications and precautions preclude use in some patients
- Patients should be monitored for neuropsychiatric symptoms

VARENICLINE Generics

- Non-nicotine cessation aid
- Mechanism of action: partial nicotinic receptor agonist that binds with high affinity and selectivity at $\alpha_4\beta_2$ neuronal nicotinic acetylcholine receptors
  - Stimulates low-level agonist activity
  - Competitively inhibits the binding of nicotine
- Clinical effects
  - ↓ symptoms of nicotine withdrawal
  - Blocks dopaminergic stimulation responsible for reinforcement & reward associated with smoking

VARENICLINE: PHARMACOKINETICS

Absorption

- Virtually complete (~90%) after oral administration; not affected by food

Metabolism

- Undergoes minimal metabolism

Elimination

- Primarily renal through glomerular filtration and active tubular secretion; 92% excreted unchanged in urine

Half-life

- 24 hours

VARENICLINE: WARNINGS and PRECAUTIONS

- Neuropsychiatric symptoms and suicide risk
  - Changes in mood (including depression and mania)
  - Psychosis/hallucinations/paranoia/delusions
  - Homicidal ideation
  - Aggression/hostility/anxiety/panic
  - Suicidal ideation, suicide attempt, completed suicide

FDA boxed warning removed Dec 2016

Advise patients to stop taking varenicline and contact a health care provider immediately if symptoms such as agitation, depressed mood, or changes in behavior or thinking that are not typical are observed or if the patient develops suicidal ideation or suicidal behavior.

VARENICLINE: WARNINGS and PRECAUTIONS (cont'd)

In some patients, use of varenicline has been associated with:

- Seizures
- Enhanced effects of alcohol
- Accidental injury
- Cardiovascular events
- Somnambulism
- Angioedema and hypersensitivity reactions
- Serious skin reactions

These are rare events; most have NOT been causally linked to varenicline use.

VARENICLINE: STANDARD DOSING

Patients should begin therapy 1 week PRIOR to their quit date. The dose is gradually increased to minimize treatment-related nausea and insomnia.

	Treatment Day	Dose
Initial dose titration	Day 1 to day 3	0.5 mg qd
	Day 4 to day 7	0.5 mg bid
	Day 8 to end of treatment*	1 mg bid

* Up to 12 weeks

VARENICLINE TREATMENT REGIMENS

FIXED QUIT
- Set quit date for 1 week after starting varenicline
- Continue treatment for 12 weeks

FLEXIBLE QUIT
- Start taking varenicline and pick a quit date between 8 to 35 days from treatment initiation
- Continue treatment for 12 weeks

GRADUAL QUIT
- Start taking varenicline and reduce smoking by 50% within the first 4 weeks, an additional 50% in the next 4 weeks, and continue until complete abstinence by 12 weeks

VARENICLINE: ADVERSE EFFECTS

Common adverse effects include the following:
- Nausea
- Abnormal dreams
- Insomnia
- Headache

Less common adverse effects:
- Gastrointestinal (flatulence, constipation)
- Taste alteration

VARENICLINE: ADDITIONAL PATIENT EDUCATION

- Doses should be taken after eating, with a full glass of water
- Nausea and insomnia are usually temporary side effects
  - If symptoms persist, notify your health care provider
- May experience vivid, unusual or strange dreams during treatment
- Use caution driving, drinking alcohol, and operating machinery until effects of quitting smoking with varenicline are known

VARENICLINE: SUMMARY

ADVANTAGES
- Twice daily oral dosing is associated with better adherence
- Offers an alternative mechanism of action for individuals who have not tolerated or have not responded to other agents
- Most effective agent for smoking cessation

DISADVANTAGES
- Cost of treatment
- Patients should be monitored for potential neuropsychiatric symptoms

Articles

Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial

Robert M Anthenelli, Neal L Benowitz, Robert West, Lisa St Aubin, Thomas McRae, David Lawrence, John Ascher, Cristina Russ, Alok Krishen, A Eden Evins

Summary

Background Substantial concerns have been raised about the neuropsychiatric safety of the smoking cessation medications varenicline and bupropion. Their efficacy relative to nicotine patch largely relies on indirect comparisons, and there is limited information on safety and efficacy in smokers with psychiatric disorders. We compared the relative neuropsychiatric safety risk and efficacy of varenicline and bupropion with nicotine patch and placebo in smokers with and without psychiatric disorders.

Methods We did a randomised, double-blind, triple-dummy, placebo-controlled and active-controlled (nicotine patch; 21 mg per day with taper) trial of varenicline (1 mg twice a day) and bupropion (150 mg twice a day) for 12 weeks with 12-week non-treatment follow-up done at 140 centres (clinical trial centres, academic centres, and outpatient clinics) in 16 countries between Nov 30, 2011, and Jan 13, 2015. Participants were motivated-to-quit smokers with and without psychiatric disorders who received brief cessation counselling at each visit. Randomisation

Anthenelli RM et al. Lancet 2016;387:2508-2520.

VARENICLINE and BUPROPION SR: Safety

The "EAGLES study": FDA-mandated clinical trial

- 8,144 participants (4,116 with a psychiatric disorder)
- 140 multinational centers
- 24-week, double-blind; active and placebo-controlled:
  - **Varenicline:** standard dosing, 12 wks
  - **Bupropion SR:** standard dosing, 12 wks
  - **Nicotine patch:** 21 mg/day with standard taper, 12 wks
  - **Placebo:** 12 wks
- All arms: 13 counseling visits, 11 telephone calls
- Follow-up through 24 wks; outcome = continuous abstinence

Anthenelli RM et al. Lancet 2016;387:2508-2520.

The "EAGLES" STUDY: SAFETY DATA

Incidence of Moderate or Severe Neuropsychiatric Adverse Events

Patient cohort	Varenicline	Bupropion SR	Nicotine patch	Placebo
Non-psychiatric	1.3%	2.2%	2.5%	2.4%
Psychiatric	6.5%	6.7%	5.2%	4.9%

No significant differences in neuropsychiatric events by treatment arm

Anthenelli RM et al. Lancet 2016;387:2508-2520.

THE "EAGLES" STUDY: EFFICACY DATA (Weeks 9-24)

Continuous abstinence

Patient cohort	Varenicline	Bupropion SR	Nicotine patch	Placebo
Non-psychiatric	25.5%	18.8%	18.5%	10.5%
Psychiatric	18.3%	13.7%	13.0%	8.3%

Highest efficacy with varenicline

Anthenelli RM et al. Lancet 2016;387:2508-2520.

COMBINATION PHARMACOTHERAPY

Combination NRT [first-line, recommended treatment approach]

- Long-acting formulation (patch)
  - Produces relatively constant levels of nicotine

PLUS

- Short-acting formulation (gum, lozenge, nasal spray)
  - Allows for acute dose titration as needed for nicotine withdrawal symptoms

Other combinations [evidence less compelling]

- Bupropion + NRT
- Varenicline + NRT
- Varenicline + bupropion SR

TREATMENT OPTIONS

Multiple Treatment Comparison Meta-Analysis

Comparison (# randomized controlled trials)	Odds ratio^ (95% CI)
Nicotine patch vs Placebo (n=105)	**1.4** (1.2–1.6)
Bupropion SR vs Placebo (n=71)	**1.4** (1.3–1.6)
Short-acting NRT* vs Placebo (n=120)	**1.4** (1.3–1.6)
Combination NRT vs Placebo (n=86)	**1.9** (1.6–2.3)
Varenicline vs Placebo (n=67)	**2.3** (2.0–2.7)

^ Smoking cessation at 6 months to 5 years (predominantly 6 to 12 months)
* Includes nicotine gum, inhaler, lozenge/microtab, mouth spray, nasal spray

Strong evidence that combination NRT and varenicline are more effective than bupropion SR or NRT monotherapy.

Lindson et al. *Cochrane Database Syst Rev* 2023;9:CD015226.

COMBINATION NRT: TREATMENT REGIMENS

Nicotine patch

Dose: 21 mg/day x 4–6 weeks → 14 mg/day x 2-3 weeks → 7 mg/day x 2-3 weeks

PLUS

Short-acting agent options

- **Nicotine gum or lozenge** (2 mg/4 mg)
  Dose: Use 1 piece q 1–2 hours *as needed*

  and/or
- **Nicotine nasal spray** (0.5 mg/spray)
  Dose: Use 1 spray in each nostril q 1–2 hours *as needed*

ESSENTIAL QUESTION for SELECTION of NRT PRODUCT(s)*

"Would it be a challenge for you to take a medication frequently throughout the day (e.g., a minimum of 8 or 9 times)?"

- With the exception of the nicotine patch, all NRT formulations require frequent dosing throughout the day.
- If patient is unable to adhere to the recommended dosing, these products should be ruled out as monotherapy because they aer less likely to be effective.

* Product-specific screening—e.g., for warnings, precautions, and personal preferences—is also essential.

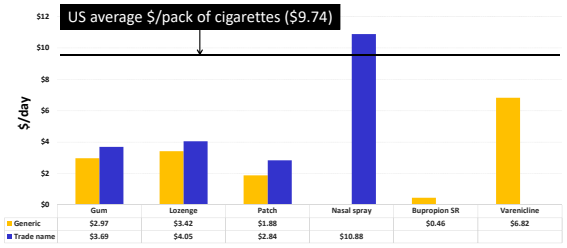
"Drugs don't work…

…in patients who don't take them."

C. Everett Koop, M.D., former U.S. Surgeon General

Medication adherence should be addressed at each encounter.

MEDICATIONS for TOBACCO CESSATION COMPARATIVE DAILY COSTS



	Gum	Lozenge	Patch	Nasal spray	Bupropion SR	Varenicline
Generic	$2.97	$3.42	$1.88		$0.46	$6.82
Trade name	$3.69	$4.05	$2.84	$10.88		

*Wholesale acquisition cost from Red Book Online. Thomson Reuters, 2024.

SUMMARY

- To maximize success, interventions should include behavioral counseling and one or more medications
- Encourage the use of effective medications by all patients attempting to quit smoking
  - Exceptions include medical contraindications or specific populations for which there is insufficient evidence of effectiveness
- First-line medications that reliably increase long-term smoking cessation rates:
  - Bupropion SR
  - Nicotine replacement therapy (as monotherapy or combination therapy)
  - Varenicline
- Varenicline and combination NRT demonstrate the highest efficacy