



Tobacco Independence:

Freedom from a deadly addiction

NRT/Pharmacotherapy: Information for Providers

For most people, the best way to overcome tobacco dependence will be some combination of medicine, a method to change personal habits and emotional support. OASAS and its network of providers are currently working together to make sure that patients have everything they need to become tobacco-free. Most patients will be eligible for NRT through their private health insurance or Medicaid. The Department of Health has a limited supply of NRT that will be provided at no cost to patients who have no pharmacy benefits.

What is available for patients and providers under the DOH/OASAS Tobacco Free initiative?

Provider sites will be able to directly apply to Be Better Networks (www.nrtdistribution.com/nydoh) for NRT shipments. It is vital that patients who have pharmacy benefits and are able to obtain NRT by prescription, obtain them in that manner, so as to leave the NRT supply for patients with no coverage. Most staff will be eligible for NRT through their private health insurance, Medicaid or by calling the NYS Smokers' Quitline. The Department of Health has a limited supply of NRT that will be provided to staff who do not have insurance coverage for NRT. However, as with patients, staff NRT under this initiative should be reserved for those who do not have another means to obtain the NRT. The NYS Smokers Quitline (1-866-NY-QUITS) offers eligible callers a free nicotine replacement start up kit and counseling sessions.

NRT Covered by the New York State Department of Health

Nicotine transdermal patch - All patches deliver slow release of nicotine per hour. Temperature and circulation affect delivery.

Nicotine lozenge - Lozenges come in 2mg and 4mg doses with the recommended number being about 9 lozenges per day, in the first 6 weeks, with tapering thereafter.

Nicotine Gum - available in 2mg and 4mg pieces (.86mg absorbed from the 2mg piece and 1.2mg absorbed from the 4mg piece). The "Park and Chew" technique is used and is affected by chewing rate and pH of the saliva.

Other NRT/Pharmacotherapy (Not covered by the New York State Department of Health)

The items listed below may be covered by prescription through the patient's respective medical provider:

Nicotine inhaler - Cigarette holder shape with replaceable cartridges each containing 10mg nicotine and 1mg menthol (400 puffs per cartridge and 80 puffs equal one cigarette). One can use 4- to 6 inhalers per day and the delivery is affected by puff rate, temperature and saliva pH.

Nicotine spray - One inhalation in each nostril equals a total dose of 1mg nicotine. The average use is 13- to 20 doses per day.

Chantix (Varenicline) - Chantix comes in two doses: 0.5mg and 1.0mg. A steady-state level is usually achieved in about four days and is not affected by food or time of day dosing. Ninety-two percent of the medication is excreted unchanged in the urine, making this a safe medication for patients with liver disease as there is no significant liver metabolism.

Zyban - Zyban should be started when the patient is still smoking. Patients should set a target quit date generally in the second week of treatment. Patients can receive 150mg per day for the first three days, followed by a dose increase in most patients to 150mg twice a day. Treatment duration ranges from 7- to 12 weeks, longer in some cases.

Patients and providers should always work together to determine the best course of treatment for tobacco dependence.