Medications for Tobacco Cessation

These medications have been approved by the Federal Drug Administration to treat nicotine addiction. Optimum therapy may involve the use of a combination of medications (prescription pills) and nicotine replacement therapy (NRT). Prolonged use gives better results.

The Department of Health and Human Services recommends these combinations:

1. patch + Buproprion

2. patch + gum

3. patch + lozenge + inhaler

Work with your doctor to determine the medication or combination of medications that will work best for you.

Medication	How it Works	How to Use	Dosage
Nicotine patch (Nicoderm CQ) Over-the-counter	Supplies a steady amount of nicotine into the body. Cannot relieve acute breakthrough nicotine withdrawal symptoms. May be used with other medications.	It takes six to eight hours for the patch to reach maximum effectiveness. Put it on at bedtime to feel the effect when you first awake. If it keeps you awake at night, then apply it in the morning instead. Increased benefit with longer use – up to six months.	3 doses: 7 mg, 14 mg or 21 mg. If you smoke more than 2 packs/day, ask your doctor about wearing more than one patch.
Nicotine gum (Nicorette) Over-the-counter	When chewed, slowly releases nicotine into the bloodstream through the mouth. Delivers less nicotine than a cigarette and at a slower rate. May be used with the patch.	Once chewed, the gum should be placed between the cheek and gum. Can be chewed as needed or on a fixed schedule.	2 doses: 2 mg or 4 mg. Chew one piece every one to two hours. Maximum: 24 pieces a day.
Nicotine lozenge (Commit) Over-the-counter	Slowly releases nicotine into the bloodstream through the mouth. Delivers less nicotine than a cigarette and at a slower rate, but nicotine enters the brain within minutes. May be used with the patch.	Taper the dose over time. Delay use until at least 15 minutes after eating or drinking. Do not eat or drink while using the lozenge.	2 doses: 2 or 4 mg. Limit to 20 lozenges in 24 hours.
Nicotine inhaler (Nicotrol inhaler) Prescription only	Inhaled through the mouth delivering a metered dose to the mouth and throat where it is quickly absorbed into the bloodstream. It is 16 times faster than the patch. May be used with the patch.	Use to relieve breakthrough nicotine withdrawal symptoms. Light smokers may use as sole NRT; moderate to heavy smokers, use in combination with another med, like the patch.	As directed.
Nicotine nasal spray (Nicotrol NS) Prescription only	Inhaled through the nose. It quickly passes into the mucous membranes through the nose and sinuses. The hit you get with the nasal spray feels more like smoking a cigarette. May be used with the patch.	For immediate/crisis withdrawal symptom relief.	As directed.
Buproprion (Zyban/Wellbutrin) Prescription only	Antidepressant medication that decreases nicotine withdrawal symptoms and the urge to smoke. May be used with the patch.	Is safe to use with NRT. Begin one to two weeks before quit date. Read black box warning about suicide.	As directed for 7-12 weeks or up to six months.
Varenicline (Chantix) Prescription only	Blocks nicotine action in the brain, taking away the urge to smoke. Use alone. Do not combine with NRT.	Start one week before quit date. Read black box warning about suicide.	As directed for three to six months.

Check with your doctor before starting a nicotine replacement program, especially if you have a heart condition.

This document is for general information only and is not intended as a substitute for professional medical care.

Adapted from DHHS, Agency for Healthcare Research and Quality, Public Health Service, Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update, Pages 45-54. May 2008. Located at: http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf





