# Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation

**Who should receive pharmacotherapy for smoking cessation?**

All smokers trying to quit except in the presence of special circumstances. Special consideration should be given before using pharmacotherapy with selected populations: those with medical contraindications, those smoking less than 10 cigarettes/day, pregnant, and adolescent smokers.

**What are the first-line pharmacotherapies recommended in this guideline?**

All five of the FDA-approved pharmacotherapies for smoking cessation are recommended including bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, and the nicotine patch.

**What factors should a clinician consider when choosing among the five first-line pharmacotherapies?**

Because of the lack of sufficient data to rank-order these five medications, choice of a specific first-line pharmacotherapy must be guided by factors such as clinician familiarity with the medications, contraindications for selected patients, patient preference, previous patient experience with a specific pharmacotherapy (positive or negative), and patient characteristics (e.g., history of depression, concerns about weight gain).

**Are pharmacotherapeutic treatments appropriate for lighter smokers (e.g., 10-15 cigarettes/day)?**

If pharmacotherapy is used with lighter smokers, clinicians should consider reducing the dose of first-line pharmacotherapies.

**What second-line pharmacotherapies are recommended in this guideline?**

Clonidine and nortriptyline.

**When should second-line agents be used for treating tobacco dependence?**

Consider prescribing second-line agents for patients unable to use first-line medications because of contraindications or for patients for whom first-line medications are not helpful. Monitor patients for the known side effects of second-line agents.

**Which pharmacotherapies should be considered with patients particularly concerned about weight gain?**

Bupropion SR and nicotine replacement therapies (NRTs), in particular nicotine gum, have been shown to delay, but not prevent, weight gain.

**Which pharmacotherapies should be considered with patients with a history of depression?**

Bupropion SR and nortriptyline appear to be effective with this population.

**Should nicotine replacement therapies be avoided in patients with a history of cardiovascular disease?**

No. Nicotine replacement therapies are safe and have not been shown to cause adverse cardiovascular effects. However, the safety of these products has not been established for the immediate post-MI period or in patients with severe or unstable angina.

**May tobacco dependence pharmacotherapies be used long-term (e.g., 6 months or more)?**

Yes. This approach may be helpful with smokers who report persistent withdrawal symptoms during the course of pharmacotherapy or who desire long-term therapy. A minority of individuals who successfully quit smoking use ad libitum NRT medications (gum, nasal spray, inhaler) long-term. The use of these medications long-term does not present a known health risk. Additionally, the FDA has approved the use of bupropion SR for a long-term maintenance indication.

**May nicotine replacement pharmacotherapies ever be combined?**

Yes. There is evidence that combining the nicotine patch with either nicotine gum or nicotine nasal spray increases long-term abstinence rates over those produced by a single form of NRT.