

**N.H. Board of Pharmacy
Tobacco Cessation Assessment & Treatment Care Pathway**

1) Health and History Screen Part 1 Review Tobacco Cessation Patient Questionnaire (Questions 1-2)	No = No Contraindicating Conditions. Continue to step 2	Yes/Not sure = Contraindicating Conditions. Refer	Refer to PCP AND NH smoke free Quit Line 1-800-QUIT-NOW
2) Health and History Screen Part 2 Review Tobacco Cessation Patient Questionnaire (Question 3)	Smoking Cigarettes. Continue to step 3	Yes to question 3 Refer	Refer to NH smoke free Quit Line 1-800-QUIT-NOW to receive counseling and NRT
3) Blood Pressure Screen Take and document patient's current blood pressure. (Note: RPH may choose to take a second reading if initial is high)	BP < 160/100. Continue to step 4	BP ≥ 160/100 Refer	Refer to PCP AND NH Quit Line 1-800-QUIT-NOW
4) Medical History Nicotine Replacement Therapy Questions (Questions 4-5)	No, to question 4 and 5. Continue to step 5	Yes, to question 4 and/or 5 Refer	Refer to PCP AND NH Quit Line 1-800-QUIT-NOW
5) Medical History Nicotine Replacement Therapy Questions (Questions 6-8) Question 6 = if Yes, avoid using nicotine gum Question 7 = if Yes, avoid using nicotine nasal spray Question 8 = if Yes, avoid using nicotine inhaler	If patient wants NRT, prescribe NRT*		If patient wants bupropion or varenicline, continue to step 6.
Prescribing NRT*(pg.2):	<ul style="list-style-type: none"> Combination NRT is preferred (Nicotine patch + Acute NRT) Acute NRT = Nicotine gum, Nicotine lozenge, Nicotine nasal spray, Nicotine inhaler 		
	Tobacco History (Question 9 on questionnaire) If Yes to smoking < 10 cigs/day, start with nicotine patch 14mg/day If No to smoking > 10 cigs/day start with nicotine patch 21mg/day		
6) Medical History Bupropion and varenicline screening Questions 10-14	Consider NRT* if yes to any question from 10-14		
	a) If yes to any question → avoid bupropion. If patient still wants bupropion, refer.		Refer
	b) If yes to any questions from 12-14 → avoid varenicline. If patient still wants varenicline, refer.		Refer
	If patient answered no to questions 10 – 14, continue to step 7. If patient answered no to questions 12-14, but yes to question 10 and/or 11, AND wants varenicline (but not bupropion), skip to step 8		
7) Medication History Questions 15-17 on questionnaire.	If patient answered no to questions 15-17, review depression screening step 8.	If patient answered yes to any question from 15-17 → Avoid bupropion. - Refer if patient still wants bupropion. - If patient wants varenicline, continue to depression screening step 8.	Refer to PCP if patient wants bupropion; NRT* can be considered
8) The Patient Health Questionnaire 2 (PHQ 2): Depression Screening	Score < 3 on PHQ2. Review Suicide Screening in step 9.	Score ≥ 3 on PHQ. Avoid bupropion and varenicline, refer to PCP for treatment. NRT* can be offered.	Refer to PCP; NRT* can be considered
9) Suicide Screening	Score of 0 on suicide screening. May prescribe bupropion or varenicline.	Score ≥ 1 on suicide screening. Immediate referral to PCP.	Refer Call PCP office to notify them of positive suicide screening and determine next steps. After hours, refer to suicide hotline 1-800-273-8255

Prescribing Bupropion:	Prescribing Varenicline:
150mg SR daily for 3 days then 150mg SR twice daily for 8 weeks or longer. Quit day after day 7.	0.5mg daily for 3 days then 0.5mg twice daily for 3 days then 1mg twice daily for 12 to 24 weeks (may use Starter Pack).
Consider combining with Nicotine patch or Nicotine lozenge or Nicotine gum for increased efficacy.*	Quit day after day 7 or alternatively quit date up to 35 days after initiation of varenicline.
For patients who do not tolerate titration to the full dose, consider continuing 150mg once daily as the lower dose has shown efficacy.	Generally not use in combination with other smoking cessation medications.

***Nicotine Replacement Dosing:**

