

OCTOBER 2020 — CAPSULE 9

Combination Nicotine Replacement Therapy

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Did you know that five forms of nicotine replacement therapy (NRT) have Food and Drug Administration (FDA) approval and all are similar in efficacy?

Nicotine replacement therapy addresses dependence on nicotine without exposing the patient to effects of combustion or additives in cigarettes. It delivers nicotine more slowly and in lower dosing than cigarettes and has strongest evidence in patients who smoke more than 15 cigarettes per day. According to the Surgeon General, fewer than one-third of patients who attempt to quit smoking use FDA-approved methods.¹

Nicotine replacement therapy is part of a comprehensive, evidence-based quit strategy, which can include counseling and the use of non-nicotine quit aids such as varenicline or bupropion. Quitting smoking can add up to 10 years to life expectancy and reduces the risk of heart disease and stroke morbidity and mortality, in addition to other benefits.¹

Combination NRT (basal+bolus; long-acting+short-acting) results in higher long-term quit rates than use of a single form.² Preloading, or initiating NRT while the patient is still smoking rather than waiting for the quit date, also may aid in quitting. Most NRT forms are approved for use for up to 12 weeks.¹

Recent guidelines recommend using varenicline alone over a nicotine patch alone due to higher long-term quit rates and fewer adverse events. Evidence also supports the use of a nicotine patch plus varenicline to achieve higher quit rates than with varenicline alone, though tolerability could affect adherence to this method.³

Cost details, dosing considerations, and contraindications vary by NRT form. Ohio Medicaid managed care plans cover all NRT forms, although there may be quantity limits or prior authorization needed depending on the plan. Cardi-OH has developed a useful list of Frequently Asked Questions to help providers counsel patients on quitting smoking.

Combination Nicotine Replacement Therapy

LONG-ACTING “BASAL”
24-hour duration



SHORT-ACTING “BOLUS”
1-2 hour duration

Choose **ONE** of these options:



Nicotine Patch



Lozenge

OR



Gum

OR



Inhaler

OR



Nasal Spray

More information on combination Nicotine Replacement Therapy is available at cardi-oh.org/best-practices/lifestyle and on Twitter @cardi_OH.

REFERENCES

1. U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. <https://www.ncbi.nlm.nih.gov/books/NBK55591/>.
2. Lindson N, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev.* 2019;4(4):CD013308. doi:10.1002/14651858.CD013308.
3. Leone F, Zhang Y, Evers-Casey S et al. Initiating Pharmacologic treatment in tobacco-dependent adults. An official American thoracic society clinical practice guideline. *Am J Respir Crit Care Med.* 2020;202(2):e5-e31. doi:10.1164/rccm.202005-1982st.