SAFERx
HEALTHY PRESCRIBING

Waitemata District Health Board
Best Care for Everyone

SMOKEFREE PHARMACOTHERAPY

This table compares funded options to support smoking cessation. These should be used with behavioural support to improve effectiveness. **Refer to data sheets for full prescribing information.**

	NRT	Nortriptyline	Bupropion	Varenicline
Effectiveness	Approx doubles the chances of long-term abstinence Single NRT NNT = 14 Combination NNT = 9	Approx doubles the chances of long-term abstinence NNT = 10	Approx doubles the chances of long-term abstinence NNT = 14	At least doubles the chances of long-term abstinence NNT = 7
Place in therapy	Often used first-line: safe, cost-effective, long-term experience with its use	Should be used second-line; side effects may be troublesome	Can be used as a first-line intervention	Funded on special authority if other options have not worked.
Choice	The choice should be guided by the person's preference in conjunction with a discussion about the risks and benefits with a clinician			
Initiating therapy	Generally started on the quit day, but can also used with smoking to 'cut down and quit'	Start while patient is smoking – set quit date for 10-28 days later	Start while patient is smoking – set quit date 1-2 weeks later	Start while patient is smoking – set quit date for 1 -2 weeks later
Dose	Refer to NZ Smoking Cessation Guidelines Using 2 products is more effective than 1.	Initially 25mg/day, increased gradually to 75mg-100mg over 2-5 weeks as side effects allow	Initially 150mg/day for 3 days, then 150mg twice a day (If elderly or renal or hepatic impairment max 150mg/day)	Initially 0.5mg/day for 3 days, then 0.5mg twice a day for 4 days, then 1mg twice a day. Can reduce to 0.5mg if not tolerated
Duration	Continue for at least 8-12 weeks	Use for 3-6 months then slowly taper down to avoid withdrawal symptoms	Use for at least 7 weeks; consider longer duration if necessary	Initial course is 12 weeks. Can continue for additional 12 weeks (unsubsidised).
Clinically significant adverse effects	–	ECG changes, arrhythmias. Can be fatal in overdose	Increased risk of seizures (risk approximately 1 in 1000)	Possibly post-marketing cases of depression, suicidal ideation.
Contraindications	–	Acute recovery phase following an MI. Manic phases of bipolar disorders.	History of seizures, eating disorders, bipolar disorder. Acute alcohol withdrawal, hepatic cirrhosis. Head injury	–
Clinically significant drug interactions	–	MAOIs – concomitant use is contraindicated	MAOIs and medicines that lower the seizure threshold (tramadol, antipsychotics)	–
Use in pregnancy	Yes. Intermittent products eg gum are preferred (lower daily dose than patches) Women should remove patches overnight.	May be more appropriate to use NRT	Safety not established – not recommended	Safety not established – not recommended
Use in breastfeeding	A risk-benefit assessment favours NRT over smoking	Excreted into milk in small quantities – not recommended	Excreted into milk – not recommended	Safety not established – not recommended
Use in 12-18 year olds	Less harmful than smoking; may be considered for use	Safety and efficacy not established – not recommended	Safety and efficacy not established – not recommended	Safety and efficacy not established – not recommended
Use in people with CVD	Yes	Best avoided	Yes	Yes

This table has been adapted from a bpac resource (www.bpac.org.nz) with kind permission.
MAOIs: Monoamine oxidase inhibitors; **MI:** myocardial infarction; **NNT:** number needed to treat; **NRT:** nicotine replacement therapy

KEY REFERENCES

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