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SUBJECT/TITLE NICOTINE REPLACEMENT PRODUCTS	ORIGINAL DATE 2000-11-18 REVISION DATES 2001-11-14 2008-01-21 2021-04-27

PREAMBLE

Smoking and tobacco use among the elderly population is common. About 10% of adults over the age of 65 continue to smoke on a daily or occasional basis¹. As smokers age, the cumulative negative effects of smoking start to play out thus impacting a person's health and quality of life to a greater extent than younger smokers.

Smoking and tobacco cessation, regardless of age or health status, has numerous health benefits: improvement in pulmonary and cardiovascular function, improvements in sense of taste and smell, cancer or cancer recurrence, faster recovery from surgeries and falls or injuries¹²³,

The purpose of this document is to describe the formulary options and restrictions of nicotine replacement products funded for Calgary Zone Long Term Care clients. For additional information on smoking and tobacco cessation and care pathways, the reader should consult appropriate clinical resources.

Goals of Therapy

- To support smokers to successfully quit and achieve long-term abstinence. (Note: Nicotine withdrawal symptoms typically improve after 1-3 weeks⁴)
- To support smokers in short-term situations such as quarantine when smoking is not possible due to site policy or client health factors

Choice of Treatment and Clinical Evidence

[Tobacco Cessation Toolkit | Alberta Healthcare Providers \(albertaquits.ca\)](http://albertaquits.ca)

- [Summary-Charts-for-Tobacco-Cessation-Pharmacology.pdf](#)

[Tobacco Use Disorder / Smoking-Cessation \(RxFiles.ca\)](#) (subscription required)

PROTOCOL 1: Oral Nicotine Replacement Products to support smoking cessation and comfort care

Nicotine gum, lozenges, inhaler or spray (note all oral products are absorbed buccally)

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Funding is provided for one type of oral nicotine replacement product at a time (i.e. one active order), either gum, lozenge, inhaler or spray. The clinical or dispensing pharmacist shall ensure product preference is assessed with the client prior to dispensing, either by confirming with client/family directly or requesting information from nursing staff.

- A. For smoking cessation, coverage is for a maximum of 12 weeks.

Oral products may be most effective when used as an adjunct to a comprehensive smoking cessation program. When used regularly throughout the day and with good technique, the levels of nicotine average 1/3 to 2/3 of the levels with cigarette smoking. Nicotine withdrawal symptoms typically improve after 1-3 weeks⁴. Funding is provided for use up to 12 weeks to support the psychological or behavioral changes required to successfully quit.

Weaning is suggested by way of a fixed tapering schedule or by reducing the amount slowly according to symptoms.

OR

- B. For short-term comfort measures, up to 14 days (or for duration of client's quarantine).

PROTOCOL 2: Transdermal Nicotine Replacement Products to support smoking cessation and comfort care

Transdermal nicotine patches

Funding is provided for transdermal patch nicotine replacement (with or without oral nicotine as per Protocol 1) under the following conditions:

- C. For smoking cessation, coverage is for a maximum of 12 weeks. For those who continue to smoke following 2 weeks of patch therapy, the patch should be discontinued and a new quit date set for when client is motivated to quit. The client may receive funding for a subsequent attempt(s).

OR

- D. For short-term comfort measures, up to 14 days (or for duration of client's quarantine).

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Formulary Listings*

12.92 Miscellaneous Autonomic Drugs

Nicotine gum	2 mg & 4 mg	Buccal	RS
Nicotine inhaler	4 mg (in a 10 mg cartridge)	Buccal	RS
Nicotine lozenge	1 mg, 2mg and 4mg Note: brand to brand strengths may not be equivalent (i.e. not 1:1). Consult product labelling or monograph	Buccal	RS
Nicotine patch	7 mg/hr., 14 mg/hr. and 21 mg/hr.	transdermal	RS
Nicotine spray	1 mg spray	Buccal	RS

*If there is a discrepancy between the listing in this document and the posted Calgary Zone Long Term Care Formulary, the posted Formulary will take precedent.

Pharmacy to dispense the LCA and the most suitable pack size to minimize waste.

Product Disposal

Any used gum, lozenges, inhaler cartridges, spray containers and patches should be disposed of according to site policies for safe drug disposal and infection prevention and control. Do not dispose in common garbage.

References

1. Alberta Health. Seniors and smoking | AlbertaQuits. <https://www.albertaquits.ca/topics/seniors-and-smoking>. Published 2021. Accessed March 4, 2021.
2. National Comprehensive Cancer Network. *Smoking Cessation*. Vol Version 2.; 2020. doi:10.31128/AJGP-08-20-1234E
3. Aging In Place. How Smoking Can Affect The Elderly. <https://aginginplace.org/how-smoking-can-affect-the-elderly/>. Published 2021. Accessed March 4, 2021.
4. RxFiles. *Tobacco Use Disorder / Smoking Cessation.*; 2020. <https://www.rxfiles.ca/RxFiles/uploads/documents/members/CHT-Smoking-Cessation.pdf>.