Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
Québec

Collective prescription for nicotine Replacement therapy (NRT)

According to a protocol:	Effective date:	Review date:
Yes ☐ No ☒	1 March 2016	1 March 2017

Professionals who can dispense the prescription

Community pharmacists and pharmacists in institutions working in Montréal

Target groups

Anyone living or working in Montréal who wants to quit, is a Canadian resident, has a valid health insurance card or is covered by the Interim Federal Health Program. In health institutions, the aforementioned conditions apply to patients in ambulatory care only.

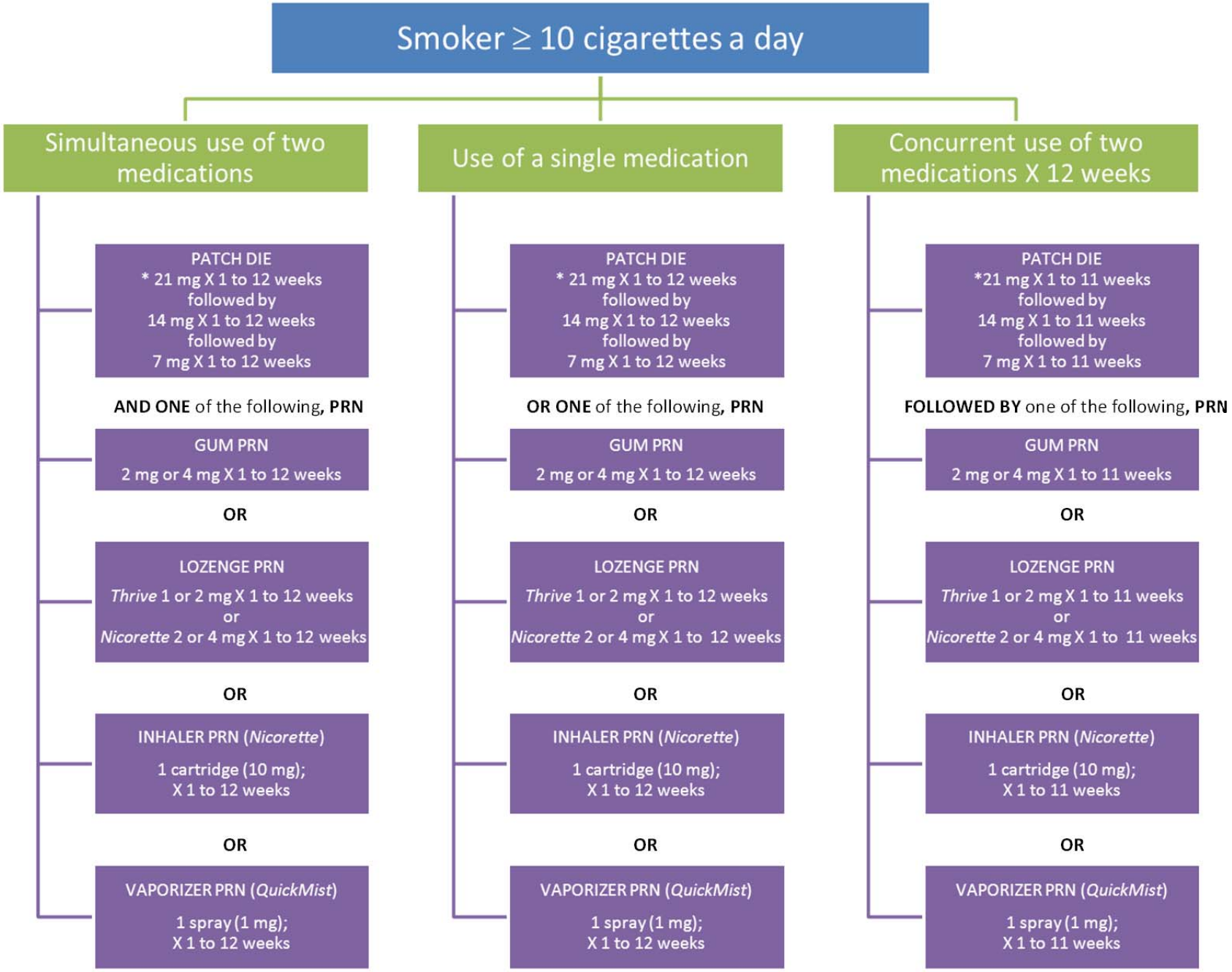
Signing physician

Prescriptions given to patients must be issued in the name of Dr. Richard Massé, Regional Director of Public Health, CIUSSS du Centre-Sud-de-l'Île-de-Montréal.

Therapeutic intent	Smoking cessation Gradual reduction in cigarette use before quitting
Actions	Pharmacists who personalize the collective prescription must do the following: • Use the collective prescription application form to assess - the smoker's usual consumption - contraindications - adverse effects during previous use, if applicable - the smoker's preference • Recommend and initiate treatment, if needed, using the treatment algorithm - by selecting the drug formulation, dosage and duration - by adjusting dosage according to withdrawal symptoms or overdosage for a total duration of 12 consecutive weeks • Explain how to use the drug • Follow up on nicotine replacement therapy • Refer the patient to the iQuitnow helpline and fax the referral form and the patient's written consent to iQuitnow at 514-255-9856 • For additional information, contact the physician on call at Direction régionale de santé publique, at 514-528-2400, ext. 3523, Monday to Friday (9 a.m. to 5 p.m.) Pharmacists in institutions must use the collective prescription application form to assess the patient, recommend a therapy and refer the patient to a community pharmacist, who will initiate treatment after validating the prescription and making changes, if needed. Health professionals can also use the collective prescription application form to refer patients who smoke to a pharmacist.
Drugs	Drug formulations covered by Québec's Public Prescription Drug Insurance Plan • One patch / day (*Nicoderm, Habitrol*), 21 mg, 14 mg or 7 mg • Ten pieces of gum (*Nicoderm, Thrive*), 2 mg or 4 mg • Ten lozenges (*Thrive*), 1 mg or 2 mg Drug formulations not covered by Québec's Public Prescription Drug Insurance Plan • 2 mg or 4 mg lozenges (*Nicorette*) • Inhaler (*Nicorette*) 10 mg per cartridge • Mouth spray (*VapoÉclair/QuickMist*) 1 mg per dose
Reimbursement	A maximum of **12 consecutive weeks per 12-month period is covered by Québec's Public Prescription Drug Insurance Plan** Private insurance plans usually provide similar coverage. Although treatment can be repeated more than once a year (for a total duration of 12 consecutive weeks), patients have to pay the costs.

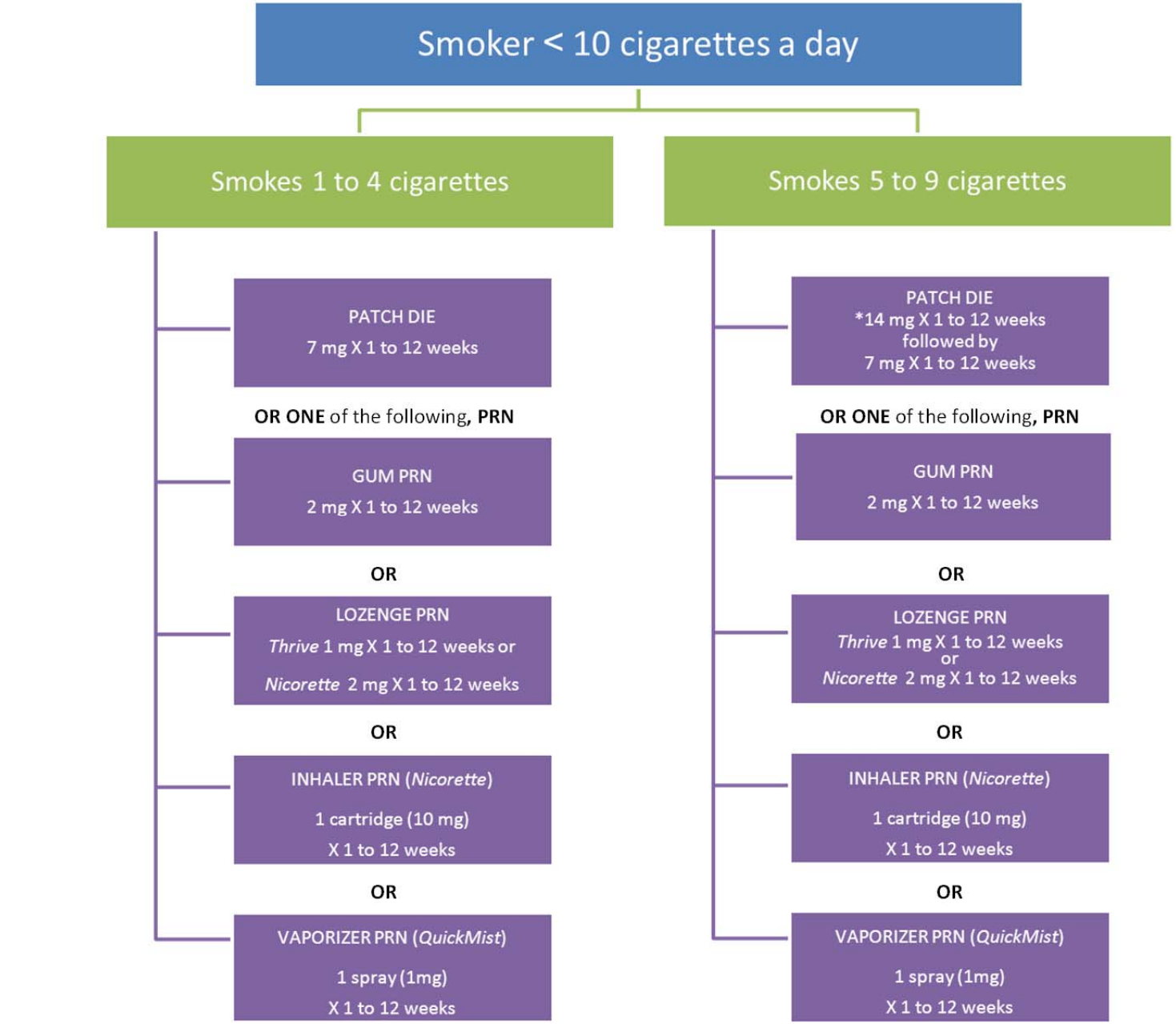
<table>
<tr><td>Contraindications</td><td colspan="4">Pharmacists cannot personalize the collective prescription for patients who meet one of the following conditions:
General
Under 18 years of age
Pregnant or breastfeeding
Myocardial infarction or stroke in the previous two weeks
Severe or unstable angina
Serious arrhythmia
Specific to the drug formulation
Allergy to adhesive tape (patches)
Chronic skin disease (patches)
Severe dental disease (gum, lozenges, inhaler, spray)
Hypersensitivity to menthol (Inhaler, spray)</td></tr>
<tr><td rowspan="8">Estimated nicotine absorption</td><td>Drug formulation</td><td>Single dose (mg/dose)</td><td>Approximate absorption (mg)</td><td>Maximum per day, according to product monographs</td></tr>
<tr><td>Patch (Nicoderm or Habitrol)</td><td>21
14
7</td><td>21
14
7</td><td>1 patch
1 patch
1 patch</td></tr>
<tr><td>Gum (Nicorette or Thrive)</td><td>2
4</td><td>1
2.5</td><td>20 pieces
20 pieces</td></tr>
<tr><td>Lozenge (Nicorette)</td><td>2
4</td><td>1
3.2</td><td>15 lozenges
15 lozenges</td></tr>
<tr><td>Lozenge (Thrive)</td><td>1
2</td><td>1
2</td><td>25 lozenges
15 lozenges</td></tr>
<tr><td>Inhaler (Nicorette)</td><td>10</td><td>2</td><td>12 cartridges</td></tr>
<tr><td>Mouth spray
(VapoÉclair/QuickMist)</td><td>1</td><td>0.8</td><td>64 sprays
(max: 4 sprays/hour)</td></tr>
<tr><td>Cigarette</td><td colspan="3">Absorption is about 1 mg of nicotine per cigarette</td></tr>
<tr><td>Withdrawal symptoms</td><td colspan="4">Intense desire to smoke, irritability/aggressiveness, agitation, depression, increased appetite, insomnia, light-headedness.</td></tr>
<tr><td>Signs and symptoms of overdose</td><td colspan="4">Paleness, sweating, nausea, salivation, vomiting, abdominal pain, diarrhoea, hypotension, confusion, convulsions and respiratory arrest.
Note: Clinical observation of overdose is rare. Smokers develop a tolerance to the effects of nicotine and can adjust nicotine dosage from NRT based on the number of cigarettes smoked and level of addiction.</td></tr>
</table>

Collective prescription for nicotine Replacement therapy (NRT)



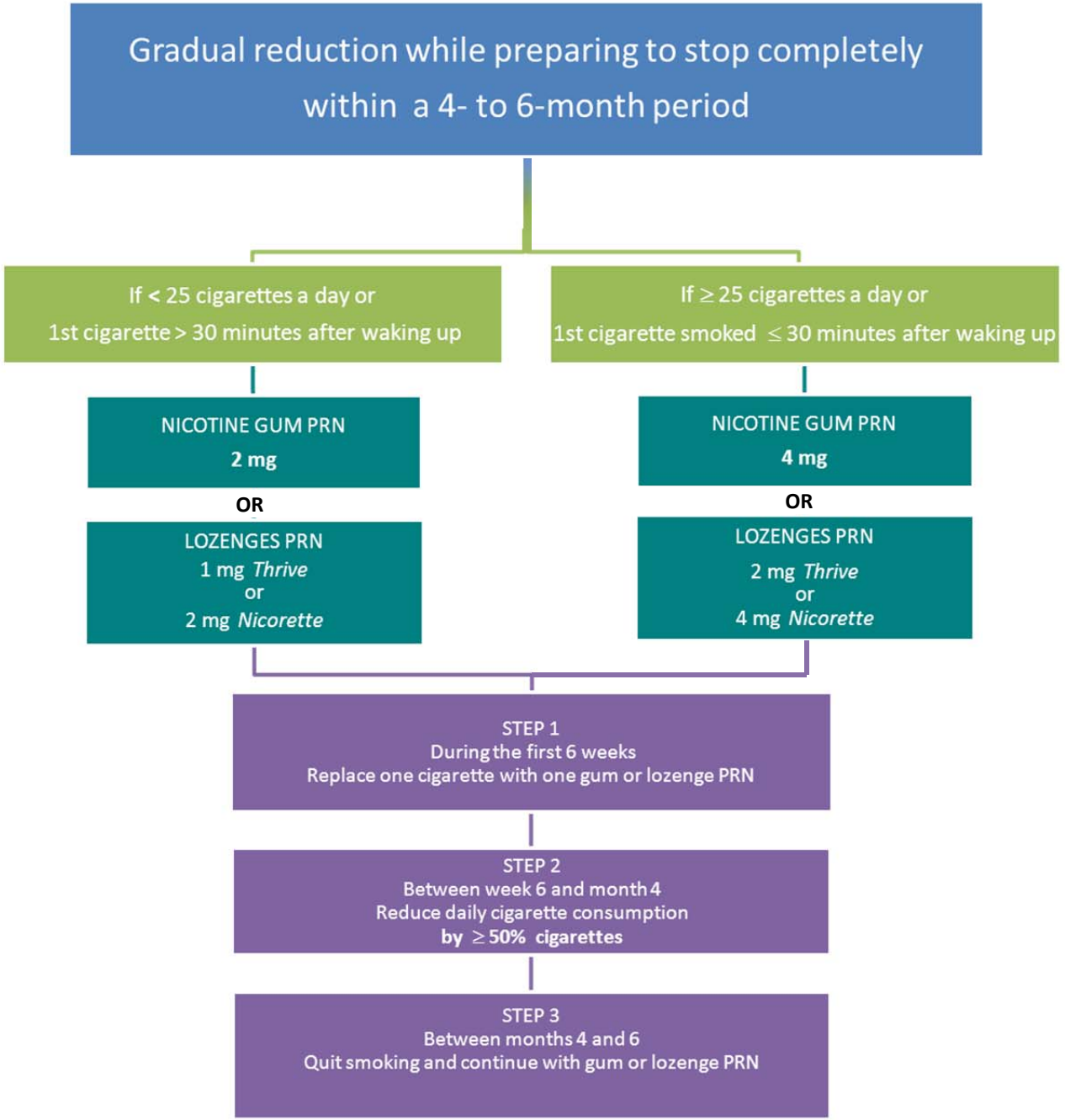
* Treatment can be initiated at a dosage of 14 mg if necessary

Collective prescription for nicotine Replacement therapy (NRT)



* Treatment can be initiated at a dosage of 7 mg if necessary

Collective prescription for nicotine Replacement therapy (NRT)



INSTRUCTIONS FOR USE

NICOTINE PATCH

- Apply the patch first thing in the morning, on a hairless part of the body between the neck and the waist.
- Apply at a different site every day.
- If a severe skin rash develops at application site, discontinue use and see a doctor.
- Remove the patch 15 minutes before engaging in intense physical activity and apply a new one afterwards.

SHORT-TERM NICOTINE PRODUCTS * :

GUM

- Chew a few times and then place between the cheek and the gums for one minute to allow absorption of the nicotine through the mucous membrane of the mouth.
- Repeat for about 30 minutes.
- Inform the person that mouth irritation, hiccups and dyspepsia may occur.

LOZENGE

- Place the lozenge in the mouth and suck on it slowly until a taste is noticed; keep it between the cheek and the gums until the taste has disappeared.
- Repeat for about 30 minutes.
- Inform the person that mouth irritation may occur.

INHALER

- Inhale through the mouthpiece as needed for about 20 minutes
- Inform the person that mouth and throat irritation, cough or rhinitis may occur.
- If bronchospams occur, discontinue inhalation and see a doctor (especially if person has asthma or COPD)

MOUTH SPRAYS

- Spray into the mouth 1 or 2 times as needed, maximum of 4 sprays per hour.
- Inform the person that mouth and throat irritation or hiccups may occur.
- If bronchospams occur, discontinue spray and see a doctor (especially if person has asthma or COPD)

* WITH SHORT-TERM PRODUCTS (GUM, LOZENGES, INHALER AND SPRAY), AVOID DRINKING OR EATING WHILE TAKING THE MEDICATION AND FOR 15 MINUTES AFTER TO PREVENT INTERFERENCE WITH NICOTINE ABSORPTION.

Richard Massé, M. D.
Regional Director of Public Health

Permit no : 77416-5 Date : 26 February 2016

This collective prescription includes a application form.
It is available on the Website of the Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Île-de-Montréal
www.oc-mtl.ca

Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
Québec

Application form – Collective prescription for nicotine replacement therapies

Signing physician: Dr. Richard Massé
Regional Director of Public Health, Permit no. 77416-5

Last name: _____
First name: _____
Tel.: _____

Identification label/Addressograph

1. EVALUATION

Usual number of cigarettes/day: First cigarette ≤ 30 minutes after waking up: ☐ YES ☐ NO

☐ No contraindications; if any, check appropriate box(es):

☐ Under 18 years old	☐ Severe arrhythmia	☐ Hypersensitivity to menthol (Inhaler, vaporizer)
☐ Pregnant or breastfeeding	☐ Myocardial infarction or stroke (– 2 weeks)	☐ Severe dental disease
☐ Allergy to adhesive tape	☐ Severe or unstable angina	☐ Chronic skin disease

☐ No adverse effects; if any, check appropriate box(es):

Patches:	Gum:	Lozenges:	Inhaler	Vaporizer
☐ Localized skin rash	☐ Irritation of mucous membranes	☐ Irritation of mucous membranes	☐ Irritation of mucous membranes	☐Hiccups
☐ Insomnia	☐ Dyspepsia	☐ Others:	☐ Cough/Shortness of breath	☐ Irritation of mucous membranes
☐ Others:	☐Hiccups		☐ Bronchospasm	☐ Cough/Shortness of breath
	☐ Others:		☐ Others:	☐ Bronchospasm

2. RECOMMENDATION

☐ Patches: _____ ☐ Gum: _____ ☐ Lozenges: _____ ☐ Inhaler ☐ Vaporizer

Comments: _____

☐ Community pharmacist	☐ Pharmacist in a health institution	☐ Health professional

Name : _____ Institution : _____
Permit number : Telephone : 514-

3. PATIENT'S CONSENT

☐ I accept that the pharmacist forward my contact information to the iQuitnow helpline so that someone can call me to give me information about quit-smoking resources.

☐ Patient refuses **Best time to call:** ☐ Morning ☐ Daytime ☐ Evening

Patient's signature:

FAX THE FORM TO **iQuitnow** AT **514-255-9856**

4. TREATMENT VALIDATION AND INITIATION: *For community pharmacists only*

☐ AS PER THE RECOMMENDATION ☐ MODIFICATION _____

Name of the drug: _____ Dosage: _____ Label of the chosen drug	Name of the drug: _____ Dosage: _____ Label of the chosen drug

5. COMMUNITY PHARMACIST INITIATING TREATMENT ☐ SAME as recommended

Pharmacist's name:	Pharmacy:
Permit number:	Telephone: 514-

6. REFERRAL: *For the person from the iQuitnow helpline*

Type(s) of cessation follow-up the patient would like:

☐ to a Quit-smoking Centre* ☐ to the iQuitnow helpline* ☐ to a smoking cessation group* ☐ none

The patient accepts that the person from the **iQuitnow helpline forward his or her contact information for follow-up*. Date sent:

Helpline for pharmacists: Direction régionale de santé publique 514-528-2400 ext. 3523