



Health and  
Wellness

Santé et  
Mieux-être



## Chief Public Health Office Policy

### Health Promotion Unit

Title:	<b>PEI Smoking Cessation Program: Vaping Cessation</b>	Monitoring:
Chapter:		Draft Date: <b>December 1, 2024</b>
Section:		Effective Date:
Subsection:		Revision Date:
Reference #:		Next Review:

Approving Authority: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

<b>Record of Decision</b>	Approving Body: <b>CPHO Management</b> Agenda #: Minute #: Meeting Date: Next Review:
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## 1.0 POLICY

- 1.1. The *PEI Smoking Cessation Program: Vaping Cessation* offers vaping cessation support by means of Nicotine Replacement Therapy (NRT) products for eligible PEI residents who wish to stop vaping.

## 2.0 DEFINITIONS

- 2.1. **Nicotine** is a highly addictive, toxic substance that is the chief active ingredient in tobacco. It acts as a stimulant in small doses, but in larger amounts it is considered a poison and commonly used as an insecticide.
- 2.2. **Nicotine Replacement Therapies** are a type of treatment that uses special products to give small, steady doses of nicotine to help stop cravings and relieve symptoms that occur when someone is trying to quit smoking, vaping or using other tobacco products. These products include nicotine gum, inhaler, mouth spray, lozenges, and patches. They are available without a prescription and do not contain any of the other chemicals found in tobacco products.
- 2.3. **Pharmacotherapy** means the use of medication for smoking cessation; can be in the form of non-prescription nicotine replacement therapies or prescription drugs.
- 2.4. **Vaping** (also known as electronic smoking devices) is the use of an electronic device that heats a liquid substance producing aerosol vapor and is then inhaled by the user. The term “vaping” is used to refer to vaping non-nicotine-containing products, vaping nicotine-containing products, and vaping cannabis aerosols. The Vaping Cessation Program is intended only for nicotine-based vaping, so for the purposes of this document “vaping” refers only to vaping nicotine-containing products.

## 3.0 PURPOSE

The policy provides guidance for the implementation of Vaping Cessation, as part of the *PEI Smoking Cessation Program*.

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## 4.0 BACKGROUND

- 4.1. Nicotine is a highly addictive substance often found in vaping products. Nicotine dependence involves physical and psychological impacts that make it difficult to stop using vaping products.
- 4.2. Nicotine-based vaping is increasingly common in PEI, particularly among youth. The use of these products continues to rise, and with this, there is an increase in demand for vaping cessation services and supports in PEI.
- 4.3. There are limited evidence-based guidelines regarding the use of NRT products and pharmacotherapy for vaping cessation. Some literature and experts in smoking cessation suggest that NRT for smoking cessation interventions may be reasonable to apply for vaping cessation, but currently, no specific NRT guidelines exist.
- 4.4. Despite limited evidence, given the harms of vaping and availability of a low-risk intervention (i.e., NRT), vaping cessation support is being offered on the balance of benefits and harms.
- 4.5. The *PEI Smoking Cessation Program: Vaping Cessation offering* follows the principles of the *PEI Smoking Cessation Program*.
- 4.6. A key difficulty with offering vaping cessation support is determining the mg of nicotine consumed to place the client on the appropriate tapering schedule. The *PEI Smoking Cessation Program: Vaping Cessation* treatment protocol uses a patient assessment tool to aid in determining the appropriate level of vaping cessation support required.

## 5.0 APPLICATION

- 5.1. **Overview**
  - 5.1.1. Vaping cessation support is available to all PEI residents who wish to stop vaping by covering 100% of the cost of NRT products (i.e., nicotine gum, lozenges, patches, spray and inhaler).
- 5.2. **Eligibility**
  - 5.2.1. Coverage is available to all PEI residents' who vape and hold an active provincial health card.
  - 5.2.2. Vaping cessation support is not for dual users of both vape and other tobacco products together. Smoking cessation interventions should be identified as first line of treatment for individuals that are dual users.

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- 5.2.3. Coverage is limited to NRT products and does not cover prescription smoking cessation drugs (e.g., Bupropion or Varenicline) as these treatment interventions are not well studied.

5.3. **Enrollment Process**

Enrollment is facilitated through the following pathways:

- 5.3.1. **Healthcare Settings:** Enrollment is facilitated by trained Ottawa Model for Smoking Cessation (OMSC) Registered Nurses (RNs) or Respiratory Therapists (RTs) in Primary Care Networks, the Cancer Treatment Centre, Lennox Island, and Acute Care settings. Participants complete the Smoking Cessation Program Consultation Form and Intake Form, with consent documented in the Electronic Medical Record System.
- 5.3.2. **Community Pharmacy:** Enrollment is facilitated by trained smoking cessation pharmacists in community pharmacies. Participants complete the Smoking Cessation Program Consultation Form and Intake Form, with consent documented in the Population Health Data Management System, managed by the Chief Public Health Office.

5.4. **Assessing NRT Prescriptions for Youth**

For individuals under 18 who are moderately or severely addicted to nicotine and motivated to quit, prescribing Nicotine Replacement Therapy (NRT) may be considered when the benefits outweigh the risks.

- 5.4.1. **Clinical Judgment:** The prescribing of NRT is at the discretion of the healthcare provider, who must assess the individual's nicotine dependence, readiness to quit, and any potential health risks or contraindications related to NRT.
- 5.4.2. **Informed Consent:** Youth under 18 are assumed to be capable of providing informed consent unless proven otherwise. Healthcare providers must ensure the youth fully understands the potential benefits, risks, and alternatives to NRT.
- 5.4.3. **Provider Responsibility:** When prescribing NRT to youth, healthcare providers must consider the patient's readiness to quit, their understanding of the treatment process, and provide ongoing monitoring and support to ensure the therapy is effective and well-tolerated.

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## 6.0 PROCEDURES

### 6.1. Patient Assessment Tool: Vaping Cessation

Vaping Cessation Patient Assessment Tool			
Profile	Dependence	Estimated Nicotine Consumed (mg/day)	Recommended Starting Dose (mg)
<b>Long Acting (patch)</b>			
<b>Light Vape User (Low Dose)</b>	<ul style="list-style-type: none"> <li>- Periodic use, social use</li> <li>- No cravings</li> <li>- No withdrawal symptoms after 24 hrs without vaping</li> <li>- Nicotine concentration in e-liquid &lt; 20mg</li> </ul>	0-20mg	Patch: 14mg
<b>Moderate Vape User</b>	<ul style="list-style-type: none"> <li>- Habitual use</li> <li>- Cravings present</li> <li>- Vapes within 30 minutes of waking</li> <li>- Mild withdrawal symptoms after 24 hrs without vaping</li> <li>- Nicotine concentration in e-liquid &gt; 20mg</li> </ul>	20-40mg	Patch: 21mg
<b>Heavy Vape User (High Dose)</b>	<ul style="list-style-type: none"> <li>- Increasing usage</li> <li>- Intense cravings</li> <li>- Vapes within 30 minutes of waking</li> <li>- Noticeable withdrawal symptoms after 24 hrs without vaping</li> <li>- Nicotine concentration in e-liquid &gt; 20mg</li> </ul>	40mg+	Patch: 35mg
<b>Short Acting (gum, lozenge, inhaler, and mouth spray)</b>			
<b>Gum or lozenge:</b> 2-4mg every 30 minutes as needed			
<b>Inhaler:</b> 1 cartridge every 30 minutes as needed			
<b>Spray:</b> 1mg: 1-2 sprays 1-24 times/day 2mg: 1-2 sprays 1-32 times/day			

*\*If unsure of light or heavy user, choose 21mg (moderate vape user)*

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**6.2. Duration and Frequency of Coverage**

- 6.2.1. Coverage is limited to a single continuous course of treatment at a minimum of 6 weeks (42 days) to a maximum of 18 weeks (126 days) of one eligible vaping cessation product (i.e., one course of an NRT) for the current enrollment year.
- 6.2.2. The 6 to 18 weeks (42 days-126 days) of coverage begins on the first day of enrollment in the smoking cessation program. All eligible fills of the product must be dispensed within the special authorization period of 22 weeks (42 to 154 days of the first fill). Program billing expires 22 weeks after program initiation.
- 6.2.3. Coverage year runs from the first day of enrollment through to the following year. Unused coverage from one enrollment year cannot be carried into the next enrollment year.
- 6.2.4. Starting one year from the date of enrollment: A new coverage year begins; coverage is reset to 42 to 126 consecutive days (6-18 weeks) for the new year.
- 6.2.5. Patients who have not received all their eligible product fills for a course of treatment by the last day of their enrollment period cannot complete their entire course of treatment.
- 6.2.6. Patients who have not completed all of their product fills for a course of treatment due to illness may re-enroll in the program at any time and access a new coverage period of 42 to 126 days.
- 6.2.7. The pack size of a particular product may result in minor overruns in treatment duration, and these small overruns are deemed acceptable.

**6.3. Supplemental Coverage or Changes in Coverage**

- 6.3.1. Individuals who want to supplement the coverage available through this Program are expected to cover the costs themselves or through their extended health plans.
- 6.3.2. Patients are permitted to switch from one type of NRT to another at the 14-day follow-up appointment or within 30 days of starting their initial treatment with a Smoking Cessation provider.
- 6.3.3. All Program policy limitations with respect to maximum days' supply, dispensing intervals and dispensing fees continue to apply regardless of changes in product or strength.

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**6.4. Travel Supply**

- 6.4.1. Eligible individuals who have expressed their intent to travel outside of PEI may qualify for a travel supply, in accordance with the PEI Pharmacare Smoking Cessation Program Travel Supply Policy.
- 6.4.2. Individuals must visit a PEI community pharmacy to request a travel supply of medication. Coverage is limited to a single continuous course of treatment, ranging from a minimum of 42 days to a maximum of 126 days for one eligible smoking cessation product. The duration depends on the prescribed medication and the treatment plan.
- 6.4.3. Clients must be stabilized on their medications for at least 28 days of regular use before a travel supply can be filled at a community pharmacy.
- 6.4.4. Eligible clients are required to sign a Travel Declaration form at their community pharmacy.
- 6.4.5. Clients who request and receive more than the recognized Pharmacare maximum days' supply will be responsible for the cost of any excess supply exceeding that limit.

**6.5. Nicotine Replacement Therapies: Products Covered and Claims**

- 6.5.1. Eligible individuals receive no-cost (100%) coverage of the designated NRT purchased at a pharmacy in the same manner as prescription drugs. Patients do not need a prescription for NRT coverage.
- 6.5.2. A signed copy of the intake form must be submitted to pharmacies for the reimbursement of over-the-counter NRT products. The form must be signed by the Smoking Cessation Program intake provider (excluding community pharmacies).
- 6.5.3. Program coverage of nicotine replacement therapies is limited to the products in the list of Eligible Smoking Cessation Products (see APPENDIX A).
- 6.5.4. A pharmacy must retain a copy of this intake form. Claims without a copy of the signed intake form or claims submitted outside the parameters (quantity and product) of the intake form are subject to recovery upon audit.

**6.6. Maximum Days' Supply Per Fill and Dispensing Interval**

**6.6.1. Nicotine Patches**

Eligible nicotine patches are to be dispensed in four-week (28 day) intervals. The Program limits coverage of eligible generic brand nicotine patches to a maximum 28-day supply. Over the total 6-18 week (42 to 126 day) course of treatment, patients are eligible for coverage of up to 42 to 210 NRT patches

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(7 patches in each box). This quantity is based on the maximum dosing specified in the product monograph.

**6.6.2. Nicotine Gum**

Over the total course of treatment, patients are eligible for up to 945 pieces of NRT gum (supplied as 9 boxes with 105 pieces in each box). This quantity is based on the maximum dosing specified in the product monograph. On average, most patients need 3 boxes of NRT gum (total 315 pieces) every 28 days.

**6.6.3. Nicotine Lozenges**

Over the total 12-week (84-day) course of treatment, patients are eligible for up to 792 pieces of NRT lozenge (supplied as 9 bottles with 88 lozenges in each bottle). This quantity is based on the dosing range specified in the product monograph. On average, most patients need 3 bottles of NRT lozenge (total 264 lozenges) every 28 days.

**6.6.4. Nicotine Inhaler**

Over the total 12-week (84-day) course of treatment, patients are eligible for up to 1008 cartridges (supplied as 24 boxes with 42 cartridges in each box).

**6.6.5 Nicotine Mouth Spray**

Over the total 12-week (84-day) course of treatment, patients are eligible for up to 420mls (supplied as 14 boxes with 1-30ml inhaler in each box).

**6.7. Dispensing Fees**

6.7.1. Community pharmacies are reimbursed for a dispensing fee up to the Pharmacare maximum for the dispensing of eligible NRTs.

6.7.2. Pharmacare covers the dispensing fee for up to six dispenses per patient per course of treatment with one of the designated NRTs. Pharmacare cannot control the quantity of dispenses; the number of dispenses cannot be set as a limit.

6.7.3. The number of dispenses of a treatment drug is based on the quantity for the day's supply. Pharmacists should ensure all dispensing is within the authorized period (amount of days' supply) per the program eligibility.



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**6.8. Application of the Full Payment Policy**

6.8.1. Pharmacies may not charge individuals directly for any amount in excess of the Pharmacare paid for NRT claims covered under the Program.

**6.9. Returns or Exchanges of Nicotine Replacement Therapies**

6.9.1. Patients cannot return any unused products for exchange, reimbursement or credit.

**6.10. Program Evaluation**

6.10.1. The vaping cessation program will be evaluated separately from the *Smoking Cessation Program*.

**6.11. Procedures for Pharmacists: Submitting Claims for Nicotine Replacement Therapies (NRTs)**

6.11.1. An intake form must be presented and signed by the Smoking Cessation Program intake provider (e.g., RN/RT/Pharmacist) for reimbursement of over-the-counter NRT products. New intake forms will be prepared for patients if there is a change to the therapeutic approach (product, quantity and duration). The pharmacy should only submit claims based on the most recent intake form received.

6.11.2. In separate yearly files, file the intake form by patient name, then chronologically. Claims without an intake form or with only one signature are subject to recovery upon audit.

6.11.3. Enter the fill as a new prescription (not a refill).

6.11.4. Enter the appropriate product NPN.

6.11.5. Enter the Smoking Cessation Program prescriber code as 499 to identify the prescriber when submitting reimbursement claims of over-the-counter NRT products to PEI Pharmacare.

6.11.6. Enter the number of units dispensed in the Dispensed Quantity field (i.e., the number of pieces of gum, lozenges, or patches).

6.11.7. Enter the drug cost and dispensing fee. Do not add GST to either the drug cost or the dispensing fee.

**7.0 CROSS REFERENCE**

7.1. PEI Pharmacy Act

7.2. PEI Pharmacy Act Regulations

## Template Definitions

**TITLE:** Title by which the Policy will be officially referred to and indexed in the manual.

**CHAPTER:** Indicates the chapter under which the policy falls in the Policy Manual.

**SECTION:** Indicates the primary section under which the policy falls in the Policy Manual.

**SUBSECTION:** Indicates the subsection under which the policy falls in the Policy Manual.

**REFERENCE NUMBER:** The number assigned to a policy by which it is indexed in the manual. This number is meant to assist readers to find and access policies in the manual.

**MONITORING:** The position assigned responsibility for monitoring the policy.

**DRAFT DATE:** The date the draft policy was submitted to the approving body.

**APPROVED DATE:** The date the policy was approved.

**EFFECTIVE DATE:** The date the policy is to take effect.

**REVIEW DATE:** The date the policy was last reviewed.

**NEXT REVIEW:** The next date the policy is to be reviewed.

**APPROVING AUTHORITY:** The executive or administrative authority under which the policy was established.

**AUTHORIZED SIGNATURE:** The legislative or executive authority under which the policy was approved. This signature will be either the Minister of Health and Wellness or the Deputy Minister of Health and Wellness.

**POLICY STATEMENT:** A concise statement of rules, expectations, and requirements for a prescribed situation.

**DEFINITIONS:** Definitions of key words used throughout the policy.

**PURPOSE (Optional):** The purpose identifies the intent of the policy, the situation(s) and people to which it applies, and the desired outcomes.

**BACKGROUND (Optional):** The background provides contextual information which can help the reader understand the need for the policy and its intent. The Background should help inform appropriate use and application of the policy.

**APPLICATION:** Identify entities or people to which the policy does or does not apply to.

**PROCEDURES:** Procedures provide detailed specification of steps and processes to be performed in order to implement or comply with a policy.

**GUIDELINES:** Guidelines are suggested good practice for implementing policies and / or procedures.

**KEY SEARCH WORDS:** Key words help readers find and access policies in the manual.

**CROSS REFERENCE:** List of legislation, regulations, government and departmental policies, agreements and standards with which the policy needs to comply or on the basis of which the policy was necessitated.

**RECORD OF DECISION:** This section is for record keeping purposes and will be filled in by the executive or administrative authority under which the policy was established.

## Appendix A: Eligible Smoking/Vaping Cessation Products

### NRT (NRT) Products

Brand Name	Product Type	Strength	Natural Product Number (NPN) or Drug Identification Number (DIN)
Nicorette®	Gum	2 mg	80069513 (DIN: 00999976)
Nicorette®	Gum	4 mg	80069471 (DIN: 00999980)
Thrive®	Lozenge	1 mg	80007461
Thrive®	Lozenge	2 mg	80007464
Nicorette®	Lozenge	2 mg	02247347
Nicorette®	Lozenge	4 mg	02247348
Nicorette® Step 1	Patch	21 mg	2093146 (DIN: 00999975)
Nicorette® Step 2	Patch	14 mg	2093138 (DIN: 00999974)
Nicorette® Step 3	Patch	7 mg	2093111 (DIN: 00999973)
Nicorette®	Inhaler	10 mg	02241742

Generic (Brand) Name	Drug Identification Number (DIN) or Billing DIN	Billing Parameters for each DIN (Program: Max Days Supply: 28)
Nicotine 2 mg Gum	00999976 (Billing DIN)	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 945 pieces Max QTY Days: 365
Nicotine 4 mg Gum	00999980 (Billing DIN)	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 945 pieces Max QTY Days: 365
Thrive® 1 mg Lozenge	80007461	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 792 pieces Max QTY Days: 365
Thrive® 2 mg Lozenge	80007464	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 792 pieces Max QTY Days: 365
Nicorette® 2 mg Lozenge	02247347	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 792 pieces Max QTY Days: 365
Nicorette® 4 mg Lozenge	02247348	Min Days Supply: 14 Max Days Supply: 28

		Max QTY per Period: 792 pieces Max QTY Days: 365
Nicotine Step 1 (21 mg) Patch	00999975 (Billing DIN)	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 140 patches Max QTY Days: 365
Nicotine Step 2 (14 mg) Patch	00999974 (Billing DIN)	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 56 patches Max QTY Days: 365
Nicotine Step 3 (7 mg) Patch	00999973 (Billing DIN)	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 56 patches Max QTY Days: 365
Nicorette® (10 mg) Inhaler	02241742	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 1008 cartridges Max QTY Days: 365
Nic-Hit (1 mg) Spray	80054636	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 420 mL Max QTY Days: 365
Nic-Hit (2 mg) Spray	80060452	Min Days Supply: 14 Max Days Supply: 28 Max QTY per Period: 420 mL Max QTY Days: 365