Appendix 4D - NHS Fife Stop Smoking Prescribing Guidance

This NHS Fife Stop Smoking Prescribing Guidance provides recommended support pathways for staff on medicines and services, when undertaking stop smoking interventions. It is aimed at all practitioners involved in stop smoking support in NHS Fife. See also Nicotine Dependence section 4.10.2 of Fife Joint Formulary [link to document].

**First choice:** Cessation support by specialist stop smoking services* AND NRT** OR Varenicline

* NHS Fife Specialist Stop Smoking Services (tel 0800 025 3000)
* All community pharmacies offer a stop smoking service
* Quit Your Way Pregnancy Team

** Preferred brands of NRT:
- **Patch** 7mg, 14mg or 21mg over 24 hours (Nicotinell® TTS) (The Nicorette® Invisi 16 hour patch is restricted for use by the Quit Your Way Pregnancy Team Only)
- **Gum** 2mg or 4mg (Nicotinell®)
- **Lozenges** 1.5mg, 4mg (Niquitin® minis); 1mg, 2mg (Nicotinell®)
- **Inhalator** 15mg/cartridge (Nicorette®)

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**Ask - Are you (still) smoking?**

- **Yes**
  - Record in notes if smoking and try to establish if aware of risks?
  - Yes
    - Patient identified as requiring help to stop smoking
    - **INITIAL REVIEW - Is patient motivated to stop smoking? Ask:**
      - Have you ever thought about smoking and your health? Yes/No
      - Are you interested in trying to stop? Yes/No
      - Would you be prepared to stop smoking in the next 2 weeks? Yes/No
      (If response is Yes to all 3, patient is likely to be sufficiently motivated)
    - **No**
      - Suggest information on improving motivation and confidence (reassess at next visit)

- **No**
  - Congratulations, Record in Notes

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**Record in notes if smoking and try to establish if aware of risks?**

- **Yes**
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  - **INITIAL REVIEW - Is patient motivated to stop smoking? Ask:**
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    - Are you interested in trying to stop? Yes/No
    - Would you be prepared to stop smoking in the next 2 weeks? Yes/No
    (If response is Yes to all 3, patient is likely to be sufficiently motivated)
  - **No**
    - Suggest information on improving motivation and confidence (reassess at next visit)

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**Are you (still) smoking?**

- **Yes**
  - Drug therapy options - see page 2

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**Patient wishes drug therapy?**

- **Yes**
  - Medically suitable for NRT or Varenicline (Champix®)
  - Prescribing interval since last quit attempt assessed as appropriate – prescribing at discretion of health professional (guided by answers to questions re motivation)
  - **No**
    - **Refer to Specialist stop smoking services for ongoing support.**

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**NHS Fife Specialist Stop Smoking Services***

If client consents, they should **always** be referred to specialist services for behavioural support. The specialist support options are:

- NHS Fife Stop Smoking Services have a specialist service offering intensive support, either on a one to one or group basis (telephone 0800 0253000)
- All community pharmacies offer a stop smoking service which consists of a programme of individual support and advice and NRT or varenicline.
- The Quit Your Way Pregnancy Team is for pregnant women and their partners. The service offers ongoing support before and during pregnancy and after the baby is born (telephone 07765 897165 or 07766 028893).

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In Acute Services in-patients should be offered temporary abstinence/smoking cessation as outlined in the Acute Services Smoke Free Toolkit (February 2019)

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Appendix 4D - NHS Fife Stop Smoking Prescribing Guidance

**NRT 1st line**

- **Drug therapy options**
- **Varenicline 1st line**

**NRT prescribing (see also page 3)**
- Select formulary formulation, strength and brand
- Can be used in patients aged over 12 years
- Prescribe sufficient for 1 month of therapy
- Add instruction “Dispense either weekly or fortnightly” to avoid potential waste
- NRT dose is determined by previous level of smoking related nicotine

**Varenicline Prescribing**
- Week 1: Prescribe “Treatment Initiation Pack” (contains 2 weeks supply) - Set target stop date within the first two weeks of treatment, preferably in the second week.
- Week 3: Prescribe “Varenicline 1mg twice daily” 28 Tabs (2 weeks supply)
- Thereafter varenicline should be prescribed as 4 week prescriptions with annotation “Dispense Fortnightly”.
- Normal Dose - 0.5mg daily on days 1-3, 0.5mg twice daily on days 4-7, 1mg twice daily for 11 weeks (Review SPC for exceptions)
- Patients should be advised to discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood or suicidal thoughts.
- Patients with a history of psychiatric illness should be monitored closely while taking varenicline.
- If serious neuropsychiatric symptoms occur whilst on varenicline treatment, patients should discontinue varenicline immediately and contact a healthcare professional for re-evaluation of treatment. See also General Prescribing Notes below
- Varenicline should not be used in patients under 18 years old or in those that are pregnant or breastfeeding.

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**Ongoing assessment/review of quit**

**Has patient stopped smoking?**

**No**

- Re-assess motivation to quit.
  - NRT
    - Lapse (puff or less than 5 cigarettes) continue with treatment and reinforce need to remain smoke free when using NRT
    - Re-lapse - return to regular smoking - discontinue immediately.
  - Varenicline – if smoking after week 4 discontinue therapy
  - Not managed to quit - re-assess at subsequent visits. NB Often clients will take numerous quit attempts before being successful. Perseverance is needed
  - NHS Fife does not support “cutting down to quit”.
  - Advise the patient that if they relapsed, and are thinking about a further quit attempt, make another appointment or self refer to stop smoking services
  - Patients who have had numerous quit attempts over the previous 12 months; re-assess & refer to specialist service
  - At subsequent opportunities ask about smoking status

**Yes**

- **NRT 1st line**
  - Normal course length is 10-12 weeks
  - If longer course anticipated refer to specialist service
- **Review progress and side effects**
- **Prescribe next supply**
  - Normal course length is 12 weeks
  - Scottish Medicines Consortium do not recommend a further 12 week course
  - If longer course anticipated refer to specialist service

**Varenicline 1st line**

- **Review & record**
  - Managed to stay stopped?
    - **Yes**
      - At subsequent opportunities ask about smoking status
    - **No**
      - Review progress & side effects
      - Prescribe next supply

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**Physiological changes resulting from stopping smoking, with or without treatment, may alter the metabolism of some medicines, for which dosage adjustment may be necessary – the most important examples are theophylline, olanzapine, clozapine and warfarin. In such cases GPs to be informed that patient is undergoing a quit attempt.**

**A large randomised, double-blind, active and placebo-controlled study (Eagles study April 2016) was conducted to compare the risk of serious neuropsychiatric events in patients with and without a history of psychiatric disorder treated for smoking cessation with varenicline, bupropion, nicotine replacement therapy patch (NRT) or placebo. The study did not show a significant increase in neuropsychiatric adverse events attributable to varenicline or bupropion relative to nicotine patch or placebo.**

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NICOTINE REPLACEMENT THERAPY FORMULARY CHOICES

- The aim of NRT is to reduce usage over 8-12 weeks as per product information. If clients/patients require treatment beyond 12 weeks they should be referred to specialist Stop Smoking Services for further support and advice.
- Patch formulation is suitable for clients who prefer a continuous dose of nicotine throughout the day. Other formulations may be suitable for individuals who prefer to self-dose when urge to smoke occurs or when the patch is not suitable.
- Clients/patients with a high level of nicotine dependence or those who have failed with NRT previously may benefit from using a combination of a patch & an immediate release NRT formulation.
- Combination therapy should be reviewed at least every 4 weeks post-quit date to see if both products are still required. If a second product is required the maximum recommended dose should be reduced.
- The use of immediate release NRT, as monotherapy, in patients with high nicotine dependence (>20 cigs./day) can be relatively expensive.
- For pregnant women who wish to stop smoking:
  - Referral to Quit Your Way Pregnancy Team is recommended
  - Ideally, pregnant women should stop smoking without using NRT but if this is not possible, NRT may be recommended to assist a quit attempt as it is considered that the risk to the fetus of continued smoking by the mother outweighs any potential adverse effects of NRT.
  - The decision to use NRT should be made following a risk-benefit assessment in consultation with the pregnant woman as early in pregnancy as possible. The aim should be to discontinue NRT use after 2-3 months.
  - Intermittent forms of NRT are preferable during pregnancy although a patch may be appropriate if nausea and/or vomiting are a problem.
  - If patches are used would recommend a 16 hour patch only and should be removed at night.
- NRT can be used by women who are breastfeeding.
  - Referral to Quit Your Way Pregnancy Team is recommended.
  - The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than the second-hand smoke they would otherwise be exposed to if the mother continued to smoke.
  - NRT products taken intermittently are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby, to minimize the amount of nicotine in the milk. If possible, patches should be avoided.
- For details on doses, adverse effects, cautions and contra-indications of individual products refer to the Summary of Product Characteristics. ([www.emc.medicines.org.uk](http://www.emc.medicines.org.uk)).

<table>
<thead>
<tr>
<th>Recommended formulations, strengths and brands of NRT</th>
</tr>
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<tbody>
<tr>
<td><strong>Nicotine patch - 24 hour (Nicotinell)</strong></td>
</tr>
<tr>
<td>• Discreet and easy to use.</td>
</tr>
<tr>
<td>• Available in different strengths (7mg, 14mg and 21mg).</td>
</tr>
<tr>
<td>• Supplies nicotine continuously throughout the day (helps relieve withdrawal symptoms and physical cravings).</td>
</tr>
<tr>
<td>• Rotate the patch site to avoid itching, redness or skin dryness under the patch.</td>
</tr>
<tr>
<td>• Nicorette Invisi 16 hour patches are for restricted use by the Quit Your Way Pregnancy Team only.</td>
</tr>
<tr>
<td><strong>Nicotine gum (Nicotinell)</strong></td>
</tr>
<tr>
<td>• Available in different strengths and flavours.</td>
</tr>
<tr>
<td>• Nicotine is absorbed through the lining of the mouth therefore discourage constant chewing by “chew/park/chew” technique for around 30 minutes.</td>
</tr>
<tr>
<td>• Can taste slightly peppery at first.</td>
</tr>
<tr>
<td>• Can irritate the mouth and throat, increase salivation and aggravate stomach ulcers.</td>
</tr>
<tr>
<td>• Gum is not recommended in denture wearers.</td>
</tr>
<tr>
<td><strong>Nicotine lozenge (Niquitin minis or Nicotinell)</strong></td>
</tr>
<tr>
<td>• Discreet, flexible and offers good dose control.</td>
</tr>
<tr>
<td>• An effective alternative to gum and available in several strengths and flavours; mint flavour may be more palatable.</td>
</tr>
<tr>
<td>• One lozenge is used every 1-2 hours for the first few weeks reducing the number gradually each day and over the next few weeks until they are not required.</td>
</tr>
<tr>
<td>• Do not chew/swallow. Use “suck/park/suck” technique.</td>
</tr>
<tr>
<td><strong>Nicotine inhalator (Nicorette)</strong></td>
</tr>
<tr>
<td>• The inhalator is helpful if the smoker misses the ritual of smoking.</td>
</tr>
<tr>
<td>• Nicotine is taken into the mouth and the back of the throat by a short suck on the inhalator when craving a cigarette.</td>
</tr>
<tr>
<td>• Patients with obstructive lung disease may find use of the inhalator difficult.</td>
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</tbody>
</table>

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