Smoking Cessation Guidelines - Provision of Stop Smoking Medicines

General Prescribing Points
The vast majority of trials of smoking cessation drugs include motivated subjects only where intense behavioural support is available. In order to achieve the best quit rates smokers should receive counselling from smoking cessation behavioural support providers. Intensity of counselling is strongly linked to quit rates so patients should not simply be issued with pharmacotherapy. If a patient has made a successful quit attempt using Nicotine Replacement Therapy (NRT), but then relapsed, this is not an indication to try a different drug.
Therapy to aid smoking cessation should be chosen according to the smoker's likely compliance, availability of counselling and support, previous experience of smoking cessation aids, contra-indications, adverse effects, patient co-morbidities and the smoker's preferences.

Smoking cessation therapies should not be added to the repeat prescription in primary care.
All healthcare professionals must exercise their own professional judgement when using clinical guidance. However any decision to vary from the guideline should be documented to include the reason for variance and the subsequent action taken**.**
It is recognised that any risks that may be associated with NRT are substantially outweighed by the well established dangers of continued smoking.

This guidance therefore focuses on the provision of various options for pharmacotherapy for patients.

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Contribution List

Key individuals involved in developing the document

Name	Designation
Alison Rogers	Herefordshire CCG Governance Pharmacist
Dr Arif Mahmood	Consultant Public Health Herefordshire Council
Professor Rod Thompson	Director of Public Health Herefordshire Council
Dr Paul Harris	Herefordshire CCG Primary Care Prescribing Lead
Ian Anderson	Health Improvement Practitioner Public Health

Circulated for comments to:

Name	Date
Herefordshire CCG Medicines Optimisation Group	8 February 2016
Wye Valley NHS Trust Formulary Working Group	April 2016 to discuss Formulary within Wye Valley NHS Trust

Presented for Hereford Council ratification:

Name	Date
Professor Rod Thompson Director of Public Health Herefordshire Council	11 February 2016

Change History	
Version and date	Change details
Version 1.1 11 February 2016 Approval Committee Name: RT Hfd Council	Updated SPC/BNF/NICE/MHRA/Formulary Guidelines Ian Anderson Edit format and update Appendix 2

Review Date	Date 1 February 2018

Section 1. Provision of NRT Pharmacotherapy

Clinical Indication to which this guidance applies	As an aid to treating tobacco dependence in: Clients receiving specialist advice and support from health professionals e.g. community pharmacies, GP practice staff and non- clinical providers of stop smoking services. Providers other than community pharmacists will provide NRT recommendations on a Herefordshire Council voucher system for community pharmacy professional oversight and supply of a product from a locally agreed formulary
Criteria for inclusion	• Tobacco users, aged 12 years and over, identified as sufficiently motivated to quit i.e. willing to set a quit date and receive weekly support for the first four weeks of treatment • Pregnant or breastfeeding women (see notes) • Clients who require a combination of NRT products. Combinations of NRT products include combination of the patch (a slow release form of NRT) with a faster acting NRT such as the gum, lozenge or nasal nicotine spray (to allow good control over the nicotine dose during cravings) • Continuing supplies are required beyond the specified maximum length of treatment (exceptionally in excess of 12 weeks- see notes later) • The use of NRT outside the terms of the Summary of Product Characteristics (SPC) is supported by NICE & MHRA guidance for the following groups: **Cardiovascular disease -** Although nicotine has some acute effects on the cardiovascular system, unlike tobacco smoke it is not a significant risk factor for cardiovascular disease or acute cardiac events – it provides less nicotine, less rapidly than cigarette smoking, without substances such as carbon monoxide (which is known to have adverse effects on the cardiovascular system). **STABLE cardiovascular disease.** All NRT products can be safely used by smokers with stable cardiovascular disease **SEVERE or UNSTABLE cardiovascular disease – e.g. hospitalisation for unstable dysrhythmia; MI or Cerebrovascular Accident (CVA or stroke) within the last 4 weeks.** It is recommended that the risks and benefits of using NRT should be assessed for such smokers with unstable cardiovascular disease. If the only other option for this group is continued smoking, a risk–benefit assessment invariably leads to recommending NRT. When using NRT for smokers with unstable cardiovascular disease, it should be undertaken under medical supervision and it is advisable to use the shorter-acting oral products which can be discontinued immediately in the event of any problems. Nicotine patches, even once removed, leave a small reservoir of nicotine under the skin.

Criteria for exclusion/ use with caution after analysis of risk	• Tobacco users not sufficiently motivated to quit or use NRT • Children under the age of 12 – refer to the GP • Severe cardiovascular disease with an unstable episode **within the past 4 weeks** – refer to GP • A history of recent cerebrovascular disease with an unstable episode **within the past 4 weeks** – refer to GP • Clients with previous serious reaction to NRT or any of the other ingredients contained in the products, e.g. glue in patch Caution of use of preparations: • *GI disease*: oesophagitis, gastritis, peptic ulcer. • *Moderate/severe liver disease* and/or *severe renal impairment* since potential for increase in adverse effects • *Seizures:* Potential risks and benefits of nicotine should be carefully evaluated before use in subjects taking anti-convulsant therapy or with a history of epilepsy as cases of convulsions have been reported in association with nicotine. • *Danger in small children:* Doses of nicotine tolerated by adult and adolescent smokers can produce severe toxicity in small children that may be fatal. Products containing nicotine should not be left where they may be misused, handled or ingested by children. • *Patches only* – clients with chronic generalised skin disease such as psoriasis, chronic dermatitis and urticaria; clients who have had a previous reaction to transdermal patches; occasional smokers. Patches should not be placed on broken skin. • *Nasal spray only* – clients with chronic nasal disorders such as polyposis, vasomotor rhinitis and perennial rhinitis • *Lozenges only* – check SPC for persons with hereditary intolerance conditions since may contain fructose/ sweeteners inc aspartame (harmful to persons with phenylketonuria) plus those on low sodium diet (check Na+ content) • Where intervention with bupropion or varenicline might be appropriate • Where CO reading continues to be raised
Action if excluded	• When NRT may be appropriate, but supply through these Guidelines is not recommended, then the client should be referred to a GP • Also refer to GP if bupropion or varenicline may be most appropriate for the client unless supply of varenicline through a community pharmacy PGD is possible
Action if patient declines treatment	Advise on risks with continued smoking and where to seek help when ready to quit

Reference to national / local policies or guidelines	• MHRA advice on use of NRT: wider access in at-risk populations www.mhra.gov.uk (search on NRT) • MHRA Drugs Safety Update clinically significant interactions 2009 • Current edition of BNF https://www.medicinescomplete.com/mc/bnf/current/ • Summary Product Characteristics www.emc.medicines.org.uk • NICE Clinical Guideline- http://guidance.nice.org.uk/PH10/Guidance/pdf/English • CKS Clinical Summaries for Smoking Cessation- http://cks.nice.org/smoking-cessation#!background • Varenicline MHRA alert- http://www.mhra.gov.uk/SafetyInformation/DrugSafetyUpdate/CON087901 • Patient.co.uk- http://www.patient.co.uk/support/smokefree-nhs-choices • www.provide.org.uk and www.nhs.uk/smokefree • Individual product licenses www.medicines.org.uk

Section 2. Description of Formulary Options

Name, strength & formulation of drug	Products which can be supplied as part of this service will be included on PharmOutcomes®. Recommended products will be updated by the commissioner and may increase or decrease e.g. if additional lines are added if there are stock availability problems at any point at the discretion of the Council as commissioner. In generic terms, NRT may be supplied in the following forms: ***Gum*** – 2mg (GSL); 4mg (GSL) ***Patch*** – 5mg /10mg/15mg per 16 hrs (GSL) 7mg/14mg/21mg /24 hrs (GSL); ***Sublingual tablet*** – Microtab, 2mg (GSL) ***Lozenge*** – 1mg (GSL); 2mg (GSL); 4mg (GSL) ***Inhalator*** – 10mg / cartridge (GSL) ***Nasal spray*** – 500 micrograms / metered spray (GSL) ***Oral Spray*** – 1mg/ metered dose (GSL)
Legal status	GSL – General Sales List medicine
Rationale of Product, Dose Route and Frequency of Administration	See **Appendix (1)**
Maximum total dose of pharmacotherapy	12 weeks supply (on decreasing scale, dependant on SPC) This will be determined by the Smoking Cessation adviser but will normally follow these guidelines:- • Initial supply should be for ONE week only; a second supply should be issued only if the patient demonstrates a continuing attempt to stop smoking. Further supplies should be given weekly for the next three weeks and then fortnightly until the course is completed. • The above regimen should be adopted and only in exception should supplies be made for more than one/ two weeks e.g. to cover holiday periods. • Continuing treatment supported by CO validation at 4 weeks , can be given gradually reducing over this period, before revalidation • If unsuccessful in staying stopped at 4 weeks then discontinue treatment and suggest they make a fresh start when they are ready again (normally 6 months before further NRT is given but can be earlier) • If successful in abstaining at 10-12 weeks then treatment should be gradually withdrawn after this point. In exceptional circumstances only with documented rational an extension of up to 4 weeks NRT supply can be made in order to facilitate stopping smoking. There is limited data re adolescents and children aged 12-18 years over 12 week's therapy and therefore a 12 week course is recommended under this guidance. For patients in this age group who require longer than 12 week course they should be advised to consult their GP

Patient advice **Follow up treatment** **Referral to GP**	Advice to clients should include specific product advice plus the following general advice on: • withdrawal symptoms • possible changes in the body on stopping smoking, e.g. weight gain and how to manage these • the effects of smoking tobacco whilst using NRT • An explanation of the risk and benefits of using NRT whilst pregnant, including the possible risk of nicotine to the baby, to allow informed consent and consideration of rationale choice of product support • written information on products supplied, self-help leaflets and where to obtain more information • Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with exacerbation of underlying psychiatric illness (e.g. depression). Clients wanting more information can be referred to a number of service providers for behavioural support listed in **Appendix 2** **Electronic Cigarettes-** Electronic cigarettes are not listed in the Drug Tariff and are therefore not available on the NHS. Information produced by the National Centre for Smoking Cessation and Training (NCSCT) 2014 is available: http://www.ncsct.co.uk/usr/pub/e-cigarette_briefing.pdf **Information sharing.** The client will be asked to provide consent to pass information on the service to their GP of both behavioural support and pharmacotherapy interventions in stopping smoking.
Identification & Management of Adverse Reactions	These are usually transient but may include: application site reactions, nausea, dizziness, headaches, cold and flu-like symptoms, palpitations, dyspepsia and other gastro-intestinal disturbances, hiccups, insomnia, vivid dreams, myalgia, chest pain, blood pressure changes, anxiety and irritability, somnolence and impaired concentration, dysmenorrhoea Product-specific side effects are described within each SPC of the products concerned available www.medicines.org.uk
Reporting procedure of Adverse Reactions	Record in the notes and inform the client's GP as soon as possible Any serious adverse events that may be attributable to NRT should be reported to the MHRA using the yellow card system http://yellowcard.mhra.gov.uk
Additional Facilities	Carbon Monoxide Meter – calibration and maintenance records must be available for inspection by the commissioner.
Special Considerations / Drug Interactions/ Additional Information	The most important medicines to consider in those who smoke, or who are trying to quit include theophylline, olanzapine, clozapine, caffeine, and warfarin. BNF also describes dosage reductions which may be needed if used with chlorpromazine, cinacalcet, haloperidol & ropinirole so require close monitoring for adverse effects.

	• Theophylline - as tobacco smoking increases the metabolism of theophylline, smoking cessation can cause plasma levels to rise. Clients taking theophylline should be advised to consult with their GP about stopping smoking since small changes in theophylline levels can have significant clinical effect. This should be documented in either their clinical or smoking cessation notes. • Olanzapine / Clozapine: may be significant increase in plasma levels. Advise client to tell psychiatrist and care co-ordinator of plans to stop smoking • Warfarin (additional monitoring of INR may be required) Smoking cessation may also cause alterations in the circulating drug levels of the following (but not normally enough to cause therapeutic problems): • Adrenergic agonists and antagonists • Fluvoxamine • Clomipramine, Imipramine • Flecainide • Tacrine • Pentazocine • Insulin: Diabetics using Insulin should be advised to monitor their blood sugar levels regularly whilst stopping smoking since they may need a reduction in dose Clients who are taking NRT together with any of the above medicines should be advised to inform their GP they are trying to stop smoking
Use in pregnancy and lactation	The following advice is taken from the SPC of various nicotine preparations. The individual SPC should be referenced when dealing with requests from pregnant or breast feeding women in processing both vouchers for NRT products and advising through the pharmacy based stop smoking service. **Pregnancy:** NRT is not contraindicated in pregnancy. Ideally smoking cessation during pregnancy should be achieved without nicotine replacement therapy. However for women unable to quit on their own NRT may be recommended to assist a quit attempt. The decision to use NRT should be made on a risk-benefit assessment as early on in the pregnancy as possible with the aim of using for only 2-3 months and discontinuing use as soon as possible. The risk of NRT to the foetus is lower than that expected with tobacco smoking, due to lower maximal plasma nicotine concentration and no additional exposure to polycyclic hydrocarbons and carbon monoxide and improved chances of quitting by the third trimester. Smoking continued during the third trimester may lead to intra-uterine growth retardation or even premature stillbirth, depending upon the daily amount of tobacco. **Note the following points in relation to pregnancy and lactation :** Intermittent dose products may be preferable as these usually provide a lower daily dose of nicotine than patches. However, patches may be preferred if the woman is suffering from nausea during pregnancy.

	Patches: If patches are used they should be removed before going to bed to avoid exposure overnight, when the foetus would not normally be subjected to smoke-derived nicotine. **Gum:** There is no adequate data from the use of preparations containing glycyrrhizin in pregnant and lactating women-liquorice flavoured Nicotinell® gum and NicQuitin CQ® gum should not therefore be used during pregnancy and lactation. Where the use of nicotine therapy is recommended the use of other flavoured nicotine gums (e.g. fruit or mint) may be considered. **Lozenge and SL tabs:** Changes in foetal heart rate in the third trimester could potentially affect delivery therefore after the sixth month of pregnancy; the lozenge should only be used under medical supervision in pregnant smokers who have failed to stop smoking by the third trimester. **Inhalator:** Nicorette inhalator may be used in pregnancy as a safer alternative to smoking. Because of the potential for nicotine free periods this may be considered an option for patients for intermittent therapy. **Nasal Spray:** Using intermittent dose NRT preparations, compared with patches, may minimise the amount of nicotine in the breast milk as the time between administrations of NRT and feeding can be more easily prolonged. **Lactation:** NRT is not contraindicated in lactation. Nicotine from smoking and NRT is found in breast milk. The amount of nicotine the infant is exposed to from NRT is relatively small and less hazardous than the second hand smoke they would be otherwise exposed to. Using intermittent dose products is preferable to patches since this may minimise the amount of nicotine in the breast milk as the time between administrations of NRT and feeding can be more easily prolonged. When nicotine replacement therapy is used whilst breastfeeding, the NRT intermittent products e.g. lozenge should be taken just after breast feeding and not during the two hours before breast feeding. See point above in relation to liquorice lozenges.
Records	Records of NHS consultations must be kept in line with NHS England Corporate Records Retention & Disposal Schedule & Guidance when operating within NHS service provision. Hereford Council commissioned services for stop smoking require records to be kept for 6 years after the last contact. The pharmacy PMR should record the detail of the products supplied including form, strength batch number and expiry date. A patient declaration of prescription charge status should be recorded via PharmOutcomes® and collected by the pharmacy. One prescription charge is applicable per course of treatment over 12 weeks. The NRT Voucher must be signed by the behavioural support provider with contact details of the person and organisation issuing a voucher in case the pharmacist needs to contact them.

Section 3 Varenicline and Bupropion

Other therapies (bupropion and varenicline) have more side-effects, interactions and contra-indications than NRT.
Bupropion (Zyban®) is a centrally-acting noradrenaline/dopamine reuptake inhibitor. Neuropsychiatric reactions have been reported. Wherever possible, any client who requests bupropion should be referred to their GP to ensure that the smoker is committed to quitting and that they receive appropriate counselling and support.

Varenicline (▼Champix®) via a Patient Group Direction (PGD)
A Patient Group Direction (PGD) will be in operation for the supply of Varenicline through accredited Community Pharmacies. The PGD allows certified pharmacists to supply Varenicline to eligible clients under specified circumstances without the requirement for a GP intervention or prescription.
Varenicline is a 'black triangle' drug and any adverse reactions should be reported via the MHRA yellow card system. Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with varenicline in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness.

Advisers and Pharmacists must adhere to the client exclusion and inclusion eligibility criteria set out in the PGD therefore a recommendation to the pharmacist for patient assessment should be made rather than request for varenicline
The following groups will not be eligible to receive varenicline under the PGD:
- Person is aged under 18 years
- Pregnant or breastfeeding women
- Persons with renal disease or renal status unknown
- Persons with known sensitivity to Varenicline or any of its excipients
- Persons with a history of psychiatric illness/ epilepsy/ severe unstable cardiovascular disease/substance misuse /previous side effects when using varenicline/ previous unsuccessful attempt using varenicline within last 6 months.
- Persons who under further assessment by the pharmacist do not meet the strict criteria to which the pharmacists are able to provide support to stop smoking using varenicline. The pharmacist decision should be regarded as final.

Varenicline should be discontinued immediately if agitation, depressed mood or changes in behaviour or thinking that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. In many post-marketing cases, resolution of symptoms after discontinuation of varenicline was reported although in some cases the symptoms persisted; therefore, ongoing follow up should be provided until symptoms resolve.

GP practices will be informed if a patient is receiving Varenicline from the pharmacist that is responsible for that patient under the community pharmacy PGD. Separate clinical guidance on the use of varenicline is included within the PGD for varenicline. Where the provider of behavioural support is other than that of the community pharmacist there will be a need for the community pharmacist to have confirmation that the patient continues to receive behavioural support services and will continue to check that varenicline is appropriate for that individual.

4. Characteristics of Staff providing behavioural support/ pharmacotherapy services

Qualifications required of all providers of stop smoking services	NSCTC assessments that behavioural support providers are required to undertake are available at http://www.ncsct.co.uk/pub_training.php **Essential:** Individual Practitioner Assessment: Assessment of Knowledge and Key Practice Skills - for general Stop Smoking advice and support. **Essential:** Individual Practitioner Assessment: Pregnancy and Smoking Cessation Module if intending to work with pregnant women. **Essential:** Confirmation of understanding and adherence to Hereford Council Smoking Cessation Prescribing Guidance on Stop Smoking Medicines **Desirable**: Attendance at Hereford Council organised Annual "Face to Face" training organised by NCSCT to allow practitioners to observe and model expert behaviour.
Community pharmacy requirements	**Essential**: Community pharmacists must hold current registration with the General Pharmaceutical Council (GPhC). A record of the Responsible Pharmacist will be declared on voucher supply on PharmOutcomes. **Essential**: Confirmation of understanding and adherence to Hereford Council Smoking Cessation Prescribing Guidance on Stop Smoking Medicines
Continued training requirements	Maintenance of own competency with evidence of continued professional development. Training in the use and maintenance of CO monitors where providing behavioural support.

Appendix 1 NRT Pharmacotherapy Options for Primary Care based providers.

N.B. *The number and type of products which will be available to providers to stop smoking services in primary care will be as per those defined on PharmOutcomes and updated accordingly by the Commissioner. A smaller range of products will be kept in Wye Valley NHS Trust for patients in order to support stopping smoking during inpatient stays so this document will be updated to reflect discussions with Wye Valley NHS Trust.*

	ADVANTAGES	DISADVANTAGES
Nicotine Transdermal Patches	▪ Provides flexibility of 24 hours or 16 hour use. ▪ Easy to use and conceal. ▪ A low maintenance solution ▪ Once-a-day application associated with fewer compliance problems. ▪ Ideal for those who prefer not to take oral medication. ▪ Wash hands before and after applying ▪ Consult SPC re application sites - shoulder blade, hip, flat surface on arms, rest and rotate sites.	▪ Patients can not adjust dose ▪ Allergic reactions to adhesive may occur. ▪ People with dermatologic conditions should not use the patch. ▪ 24 hour patch may cause sleep disturbances but ideal for those with strong cravings during early morning. ▪ Some patches contain aluminium- caution if undergoing investigative procedures, cardioversion or MRI scans ▪ Do not cut patches/ overdose potential if many pieces are used
Nicotine Lozenges	▪ Variety of flavours available. ▪ Patients can adjust use to manage withdrawal symptoms. ▪ Allows control of nicotine intake in short bursts to help control cravings. ▪ Alternative for those who prefer not to or cannot chew gum ▪ Practically an unnoticeable aid	▪ Irritation of the throat / increased salivation ▪ Not all preparations can be used in under 18 years ▪ GI side effects (nausea, heartburn) might be bothersome. ▪ Treatment should not exceed 6 months ▪ Should not be used by people with mouth ulcers.
Nicotine Mini Lozenges	▪ Variety of flavours available. ▪ Portable and discreet pocket-size vial ▪ Starts to relieve cravings in just 3 minutes. Mini-lozenge dissolves up to 3 times faster than other stop smoking lozenges.	▪ Lozenges may cause the mouth or tongue to be slightly sore or irritated. May feel sick. ▪ Check SPC if dealing with under 18 year olds. ▪ Treatment should not exceed 6 months
Nicotine Inhalator	▪ Mimics hand-to-mouth ritual of smoking. ▪ Patients can adjust use to manage withdrawal symptoms. ▪ Works faster than gum and lozenges.	▪ Initial throat or mouth irritation can be bothersome. ▪ Up to 12 cartridges can be used daily for 8 weeks.
Nicotine Nasal Spray	▪ Patients can adjust use to manage withdrawal symptoms. ▪ Works quicker than gum and lozenges. ▪ Each dose gives an amount of nicotine equivalent to one cigarette. ▪ Nicotine can enter the bloodstream, reaching the brain within 10 minutes. Strongest form of NRT – can be useful and effective form of medication for highly dependent heavy smokers.	▪ Nasal/throat irritation may be bothersome. ▪ In the first few days of use, the spray may irritate the nose causing sneezing or watery eyes. If this occurs do not drive or operate machinery until these unwanted effects have stopped. ▪ Should be used no more than 5 times an hour and no more than 40 doses a day. Maximum treatment is 3 months.
Nicotine Sublingual Tablet	▪ Discreet – no chewing or sucking is required. Designed to be dissolved under the tongue.	• Nicorette Microtab Lemon® contains aspartame (a source of phenylalanine) and may be harmful for people with phenylketonuria. Should not be chewed or swallowed – may cause unwanted side effects.
Nicotine Chewing Gum	▪ Available as sugar free - which would benefit diabetics. ▪ Variety of flavours available & fast-acting. Gives short bursts of nicotine. ▪ Allows control of nicotine intake and the freedom to use an extra piece of gum within the hour.	▪ Patients must use proper chewing techniques to minimise adverse effects. ▪ Increased salivation ▪ Some people dislike the taste and some may find it difficult to get used to having to 'park' the gum in their mouth.

Licensed dose, duration, and brief usage instruction of nicotine replacement therapy products in primary care based services.

Formulation and usage instructions of NRT	No. of cigarettes smoked per day	Licensed dose and duration
16-hour Patch (Nicorette Invisi Range®,) Apply patch each morning to dry, non-hairy skin on the hip, trunk, or upper arm and hold in position for 10–20 seconds to ensure adhesion. Place new patch on a different skin site. Do not reuse skin sites for several days. Note: Remove the patch at night. Pack size 7	10 or more per day	Use 25 mg/16 hours patch daily for 6 to 8 weeks, *then* Use 15 mg/16 hours patch daily for 2 weeks, *then* Use 10 mg/16 hours patch daily for 2 weeks. Max/ Day – 1 patch per day Usual Weekly Supply 1 x7
	Less than 10 per day	Use 15 mg/16 hours patch daily for 6 to 8 weeks, *then* Use 10 mg/16 hours patch daily for 4 weeks. Max/ Day – 1 patch per day Usual Weekly Supply – 1 x7 then 2x7 after Week 4
24-hour Patch (Nicotinell®, NicAssist®) Usage instruction is the same as above. Suitable for those who experience strong cravings for cigarettes on waking. **24-hour Patch (Nicotinell®, NicAssist®)** Usage instruction is the same as above. Suitable for those who experience strong cravings for cigarettes on waking. Pack size 7	20 or more per day	Use 21 mg/24 hours patch daily for 3 to 4 weeks, *then* Use 14mg/24 hours patch daily for 3 to 4 weeks, *then Use* 7 mg/24 hours patch daily for 3 to 4 weeks. Max per day – 1 patch per day Usual Weekly Supply – 1 x7 then 2x7 after Week 4
	Less than 20 per day	Use 14 mg/24 hours patch daily for 3 to 4 weeks, *then* Use 7 mg/24 hours patch daily for 3 to 4 weeks. Max per day – 1 patch per day Usual Weekly Supply – 1 x7 then 2x7 after Week 4
24-hour Patch (NiQuitin CQ®, NiQuitin® Clear) Usage instruction is the same as above. Suitable for those who experience strong cravings for cigarettes on waking. **Pack size 7**	10 or more per day	Use 21 mg/24 hours patch daily for 6 weeks, *then use* 14mg/24 hours patch daily for 2 weeks, *then Use* 7 mg/24 hours patch daily for 2 weeks. Max per day – 1 patch per day Usual Weekly Supply – 1 x7 then 2x7 after Week 4
	Less than 10 per day	Use 14 mg patch for 6 weeks, then Use 7 mg patch for 2 weeks. Max per day – 1 patch per day Usual Weekly Supply – 1 x7 then 2x7 after Week 4
Nasal spray (Nicorette®, NicAssist®) 200 sprays Use one spray in each nostril as required.	Any	Use one spray in each nostril as required, up to twice every hour for 16 hours daily (maximum of 64 sprays daily) Usual Supply – 2-3 per week or 1 per week if in combination
Inhalator (Nicorette®) 15mg/ cartridge 20 or 36 Insert the cartridge into the device and draw in air through the mouthpiece.	Any	Inhale when there is an urge to smoke. Initially use a maximum of 6 of the 15 mg cartridges daily for up to 8 weeks, *and then reduce* gradually over the next 4 weeks. Usual Weekly Supply – Up to 2 or 1 if in combination
Gum (Nicorette®, Nicotinell®, Niquitin CQ®, NicAssist®) Chew the gum until the taste becomes strong, then rest it between the cheek and gum; when the taste starts to fade, repeat this process. Pack size 24- 105 depending upon preparation	More than 20 per day	Chew one piece of 4 mg gum slowly for about 30 minutes when there is an urge to smoke. Sufficient gum should be used, usually 8 to 12 pieces up to maximum of 15 pieces a day. Reduce gradually over 3 months; when daily use is 1 to 2 pieces of gum, stop. Usual Weekly Supply – 1 -2 boxes of 1 if used in combination
	20 or less per day	Chew one piece of 2 mg gum slowly for about 30 minutes when there is an urge to smoke. (Sufficient gum should be used, usually 8 to 12 pieces up to maximum of 15 pieces a day. People needing more than 15 pieces per day should use 4 mg gum). Reduce gradually over 3 months; when daily use is 1 to 2 pieces of gum, stop. Usual Weekly Supply – 1 -2 boxes of 1 if used in combination
Lozenge (Nicotinell®, Niquitin CQ®, NicAssist®) Suck one lozenge until the taste becomes strong, then rest it between the cheek and gum; when the taste starts to fade, repeat this process. Occasionally move lozenge from one side of the mouth to the other. Lozenges last for 10 to 30 minutes depending on their size. Pack sizes 20-96 depending upon preparation **N.B. Nicotinell Lozenges should not be used in under 18 year olds unless prescribed by a doctor.**	Smoke <20 cigarettes a day - use lower-strength lozenges (i.e. 1mg). Smoke >20 cigarettes a day AND for those who fail to stop smoking with the lower-strength - use higher strength lozenges.	Suck 1 lozenge every 1 to 2 hours when the urge to smoke occurs. Treatment should continue for 6 to 12 weeks before attempting to reduce the dose. Maximum 30 lozenges daily (1mg) Maximum 15 lozenges daily (2mg/4mg) Usual Weekly Supply – 1 -2 boxes of 1 if used in combination

Sublingual tablet (Nicorette Microtab®, NicAssist®) Place each tablet under the tongue and allowed to dissolve. Pack size 100	More than 20 per day	Use 2 tablets (4 mg) sublingually each hour (maximum 40 tablets/day). Continue for at least 3 months then gradually reduce; when daily use is 1 to 2 tablets, stop. Maximum 40 tablets daily. Consult SPC Usual Weekly Supply – 1 box
	20 or less per day	Use 1 tablet (2 mg) sublingually each hour. Continue for at least 3 months then gradually reduce; when daily use is 1 to 2 tablets stop. Maximum 40 tablets daily. Consult SPC Usual Supply – 1 box
Oromucosal spray (Nicorette QuickMist®) Use 1 to 2 sprays in the mouth as required. If using the oral spray for the first time, or if unit not used for 2 or more days, prime the unit before administration by pressing the top of the spray with the index finger 3 times until a fine spray appears.		Use 1 to 2 sprays in the mouth as required (maximum of 64 sprays daily) for up to 8 weeks, *then* reduce gradually over the next 4 weeks. Do not exceed 2 sprays per episode (up to 4 sprays every hour for 16 hours a day). Usual Weekly Supply – base on usual number of 150 sprays in each spray.

Appendix 2 Reference to Sources of Help and Advice in Stopping Smoking

1. Providers of Stop Smoking Services in Herefordshire

Information on local providers of stop smoking services for patients will be available at **www.WISHerefordshire.org** and include for example a number of clinical and non-clinical sites with their contact details for patients.

2. Herefordshire Community Pharmacies where vouchers can be presented for dispensing. Information will be available at **www.WISHerefordshire.org** website and also Herefordshire CCG website **www.herefordshireccg.nhs.uk** of the community pharmacies where vouchers for NRT products can be processed.

3. Stop Smoking Service on your mobile phone

If you have an iPhone, iPad or iPod touch you can download the free **NHS Stop Smoking app** from the iTunes App store. The app provides (i) provides daily support and tips (ii) keeps track of how much money you're saving (iii) shows how many days you've been smoke free (iv) includes a direct line to the NHS Smoking helpline and (v) provides links to local NHS Smoking Services.

Refer to http://www.nhs.uk/Tools/Pages/iphonesmoking.aspx

4. The National NHS Stop Smoking Helpline (0800 022 4 332) is a free service for smokers who wish to stop smoking but do not require the more intensive support offered by the Stop Smoking Services. In addition to this, some NHS Stop Smoking Services will provide psychological support over the telephone for smokers who are mobility impaired or unable to attend face to face services.

5. SMOKEFREE – **www.smokefree.nhs.uk**

A public health campaign initiated and supported by Public Health England providing free information, advice and support to people who are giving up smoking, and those who have given up smoking and do not want to start again.

6. Find a support service using **NHS choices**:

http://www.nhs.uk/Service-Search/Stop-smoking-services/LocationSearch/1846