# Hertfordshire Guidance: Stop Smoking Medication

October 2019 - September 2021

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<td>Version: V4</td>
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<td>Approved by Hertfordshire County Council Public Health Assurance and Governance Group Date: 8th November 2019</td>
<td>Reviewed and noted by Hertfordshire Medicines Management Committee Date:</td>
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<tr>
<td><strong>Conflicts of interest:</strong> No personal funding has been received from any pharmaceutical company. Hertfordshire Health Improvement Service (HHIS) receives resources and sponsorship from Pfizer for training purposes.</td>
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Introduction

Helping an individual to stop smoking includes understanding their lifestyle, personal preferences and previous experience of attempting to stop smoking before discussing the various treatment options available. Using medication effectively with behavioural support increases an individual’s chances of stopping smoking. It is therefore important to provide a choice of interventions, accompanied by supporting information regarding relative chances of success, the effects and possible side effects of different treatment options as well as ensuring ease of access to their treatment of choice. This guidance is in line with NICE guidance, the National Centre for Smoking Cessation and Training (NCSCT) recommendations and the Summary of Product Characteristics for the included products. This guidance is intended to improve and standardise practice in Hertfordshire and reduce unnecessary prescribing costs. Separate guidance is available for clinicians working in hospital settings.

Contents of guidance:

- Updates and replaces ‘Hertfordshire Guidance: Stop smoking medication’ (published September 2017)

Key changes from the September 2017 guidance:

- Stop smoking advisors in GP practices and community pharmacy must use the NRT e-voucher system to supply NRT via PharmOutcomes, the dedicated public health clinical database. This replaces the ‘letter of recommendation’ system that was previously used to supply medicines.
- Varenicline is not contraindicated in pregnant women. Animal studies have shown reproductive toxicity therefore, as a precautionary measure, it is preferable to avoid the use of varenicline during pregnancy.
- NICE guidance PH10 has been replaced by public health guidance NG92 (NICE 2018).

Who should use this guidance:

- All health and care professionals (including GPs, community pharmacists and stop smoking advisors) who deliver stop smoking services and/or give advice to people in Hertfordshire to help them stop smoking should refer to this guidance.

Population groups covered:

- This guidance relates to people of any age in Hertfordshire who are motivated to stop smoking and have set a quit date. The guidance also contains recommendations for 3 specified population groups: women who are pregnant or lactating, young people (under 18 years of age) and people with a mental health condition.
- Please refer to Hertfordshire Guidance on Tobacco Harm Reduction (published February 2015 or its updates) for advice to people who are not ready to stop smoking.
- Please note; this guidance should be used in conjunction with NHS Trust policies when delivering stop smoking services and/or advice to hospital patients, visitors or staff who smoke.

Reimbursement of costs of medicines:

- Reimbursement of costs will only be made for medication prescribed or dispensed in line with this guidance.
- In addition, the person attempting to stop smoking must set a quit date and their details must be recorded on PharmOutcomes or alternative database approved by Hertfordshire County Council.
- An audit of prescribing costs will be undertaken and any prescribing or dispensing that does not comply with this guidance may not be reimbursed.
Future updates of this guidance:

- This guidance will be reviewed in October 2021 or earlier if required (e.g. new national guidance published or significant changes to clinical effectiveness or the safety profile of any relevant medication).

Recommendations

Section A: DO NOT USE

A1: Combinations of Nicotine Replacement Therapy (NRT) with varenicline (Champix®) or bupropion (Zyban®) should NOT be prescribed, supplied or recommended. This is in accordance with NICE guidance.

A2: E-cigarettes or other nicotine containing devices should NOT be prescribed but can be recommended to help an individual to reduce smoking or stop smoking altogether (self-funded).

Section B: prescribing and dispensing for adults not in specified population group

B1: The only medicines approved for stopping smoking are NRT, varenicline (Champix®) and bupropion (Zyban®). All three should be offered as equal first line treatments where clinically appropriate. This should be in combination with behavioural support to give all people who smoke the optimum chance of success of stopping smoking on every occasion. This is in accordance with NICE guidance.

B2: Combination NRT i.e. two NRT products, should be recommended if appropriate. This is in accordance with NICE guidance. In Hertfordshire, only NRT patches may be supplied as part of a stop smoking service. Individuals (unless they are pregnant or have a diagnosed mental health condition) should be encouraged to self-fund a second nicotine containing product (or use varenicline if clinically appropriate). Individuals who have a serious reaction to patches (local skin reaction is normal) or have a skin disorder may be supplied with an intermittent NRT product.

B3: Individuals should be encouraged and supported to use electronic cigarettes to reduce smoking or stop smoking altogether (self-funded) and may be used in combination with NRT (single or combination). See Appendix 2 for further information.

B4: Prescriptions for NRT, varenicline (Champix®) or bupropion (Zyban®) should not exceed a maximum of 2 weeks at a time (unless in extenuating circumstances) and for a maximum total of 12 weeks. Hertfordshire Public Health Service will only fund a maximum of 12 weeks treatment. If the patient wants to continue to use NRT after this time, then this should be self-funded. This is in accordance with the Hertfordshire County Council’s service specification for the delivery of stop smoking services (see Appendix 3).

B5: Varenicline (Champix®) or bupropion (Zyban®) may be offered to people with unstable cardiovascular disorders, subject to clinical judgement. This is in accordance with NICE guidance.

B6: Ensure people who use other medicines that are affected by smoking (or stopping smoking) are monitored, and the dosage adjusted if appropriate.

Most interactions between drugs and smoking are not clinically significant. Healthcare professionals giving stop smoking advice should be aware of a small number of medicines, in particular aminophylline, theophylline, clozapine, olanzapine, erlotinib and riociguat, which may require dose adjustment or increased monitoring when smoking status is altered. Patients taking narrow-therapeutic-index drugs should be monitored closely when stopping smoking. This is not an exhaustive list and further information can be found here.
Section C: prescribing and dispensing for women who are pregnant or lactating

<table>
<thead>
<tr>
<th>C1</th>
<th><strong>DO NOT</strong> prescribe varenicline or bupropion to pregnant women. Bupropion (Zyban®) is contraindicated in pregnancy and should not be prescribed or supplied to pregnant women. This is in accordance with NICE guidance and the Summary of Product Characteristics.</th>
</tr>
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<tr>
<td>C2</td>
<td>A moderate amount of data on pregnant women indicated no malformative or foetal/neonatal toxicity of varenicline. Animal studies have shown reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of varenicline during pregnancy.</td>
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<tr>
<td>C3</td>
<td>Bupropion (Zyban®) and its metabolites are excreted in breast milk and should be used with caution by women who are lactating. A decision on whether or not to continue breastfeeding with concomitant use of bupropion (Zyban®) should be made, taking into account the benefit of breast feeding to the child and the benefit of bupropion (Zyban®) to the woman. NRT, if acceptable, should be the treatment of choice for lactating women. This should be in combination with behavioural support to give all people who smoke the optimum chance of success of stopping smoking on every occasion. This is in accordance with NICE guidance and the Summary of Product Characteristics.</td>
</tr>
<tr>
<td>C4</td>
<td>It is unknown whether varenicline (Champix®) is excreted in human breast milk, but animal studies suggest that it is and it should be used with caution by women who are lactating. A decision on whether or not to continue breastfeeding with concomitant use of varenicline (Champix®) should be made, taking into account the benefit of breastfeeding to the child and the benefit of varenicline (Champix®) to the woman. NRT, if acceptable, should be the treatment of choice for lactating women. This should be in combination with behavioural support to give all people who smoke the optimum chance of success of stopping smoking on every occasion. This is in accordance with NICE guidance and the Summary of Product Characteristics.</td>
</tr>
<tr>
<td>C5</td>
<td>NRT can be prescribed or supplied to pregnant women. Pregnant women who have been unable to stop smoking without NRT and who wish to use NRT should be able to access it as easily as possible. This is in accordance with NICE guidance.</td>
</tr>
<tr>
<td>C6</td>
<td>NRT can be prescribed or supplied to lactating women (lactation is not a contraindication to the use of NRT).</td>
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<td>C7</td>
<td>Intermittent medications, such as inhalator, gum, lozenges or spray, should be recommended to pregnant or lactating women in preference to patches (to allow maximum time between NRT use and breast feeding in the latter group). However, 16 hour patches should be available to those who cannot tolerate oral NRT products. Patches should be removed at night (this is in accordance with NICE guidance).</td>
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<tr>
<td>C8</td>
<td>Combination NRT i.e. two NRT products, should be offered, if appropriate, as this is more effective than a single product (usually a combination of transdermal patches with a fast-acting product such as an inhalator, gum, lozenges or spray) to all pregnant women who smoke and have been unable to stop smoking without NRT.</td>
</tr>
<tr>
<td>C9</td>
<td>Prescriptions for NRT for pregnant or lactating women should not exceed a maximum of 2 weeks at a time (unless in extenuating circumstances) and for a maximum total of 12 weeks. Hertfordshire Public Health Service will only fund a maximum of 12 weeks of treatment. If the patient wants to continue to use NRT after this time, then this should be self-funded. This is in accordance with Hertfordshire County Council’s service specification for the delivery of stop smoking services (see Appendix 3).</td>
</tr>
<tr>
<td>C10</td>
<td>Advice regarding the risks and benefits of using NRT in pregnancy or while lactating should be given by a trained advisor who has attended Hertfordshire Health Improvement Service (HHIS) Smoking Cessation in Pregnancy training (3 hour session). This is in accordance with NICE guidance.</td>
</tr>
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C11: Pregnant or lactating women can be provided with NRT directly through a community pharmacy without a consultation with their GP.

C12: The use of approved cigarettes adhering to The Tobacco Products Directive guidelines (TPD) (self-funded) should not be discouraged in pregnant or lactating women.

C13: When recommending NRT for pregnant or lactating women, HHIS advisors and GP surgery advisors must issue an NRT e-voucher from PharmOutcomes to supply NRT, this e-voucher is a 6 digit code which relates to a unique recommendation to supply NRT and can be taken to a pharmacy in Hertfordshire for dispensing. The dispensing pharmacist should be made aware that the woman is pregnant.

C14: Pharmacy advisors can dispense NRT to pregnant or lactating women using the clinical templates on PharmOutcomes. The dispensing pharmacist should be made aware that the woman is pregnant.

C15: Information on each quit attempt, including quit date and type of medication used, should be recorded in the hand-held maternity notes of all pregnant women who are planning to stop smoking as well as on PharmOutcomes.

NOTE: please also see section F (prescribing and dispensing recommendations relating to all population groups).

Section D: prescribing and dispensing for young people (under 18 years)

| D1: DO NOT prescribe or supply varenicline (Champix®) or bupropion (Zyban®) to people below the age of 18 years of age (contraindicated). This is in accordance with NICE guidance and the Summary of Product Characteristics. |

D2: NRT is licensed for use in young people aged 12 years and over. This should be in combination with behavioural support and supervision to give all young people who smoke the optimum chance of success of stopping smoking on every occasion. This is in accordance with NICE guidance. Advisors should ensure that all 12-16 year olds seeking medication and support can demonstrate competence in line with the Fraser guidelines.

D3: Young people aged under 12 years may be prescribed NRT off-licence at the discretion of a GP or registered prescriber only.

D4: Combination NRT i.e. two NRT products, should be recommended if appropriate as this is more effective than a single product. In Hertfordshire, only NRT patches may be supplied as part of a stop smoking service. Individuals (unless pregnant or diagnosed with a mental health condition) should be encouraged to self-fund a second nicotine containing product. Individuals who have a serious reaction to patches (local skin reaction is normal) or skin disorder may be supplied with an intermittent NRT product.

D5: Prescriptions for NRT should not exceed a maximum of 2 weeks at a time (unless in extenuating circumstances) and for a maximum total of 12 weeks. Hertfordshire Public Health Service will only fund a maximum of 12 weeks of treatment. If the patient wants to continue to use NRT after this time, then this should be self-funded. This is in accordance with the Hertfordshire County Council’s service specification for the delivery of stop smoking services (see Appendix 3).

D6: TPD approved E-cigarettes (self-funded) should not be discouraged in people aged under 18 years of age who would otherwise be smoking.

NOTE: please also see section F (prescribing and dispensing recommendations relating to all population groups).
Section E: prescribing and dispensing for adults with a diagnosed mental health condition

E1: People with a diagnosed mental health condition should be offered intensive behavioural support to stop smoking and referred to Hertfordshire Health Improvement Service. This is in accordance with NICE guidance.

E2: Varenicline (if there are no contra-indications) or NRT should be offered as equal first line treatments.

E3: Bupropion (if there are no contraindications) may be used with caution in people with mental health conditions.

E4: Higher doses of NRT may be required by people with mental health conditions as they are usually more nicotine dependent than the general population. In Hertfordshire, individuals with a diagnosed mental health condition should be referred to Hertfordshire Health Improvement Service for more intensive support and higher doses of NRT if appropriate.

E5: Combination NRT i.e. two NRT products should be recommended if appropriate and this is more effective than a single NRT product.

In Hertfordshire, only NRT patches may be supplied as part of a stop smoking service. Individuals (unless pregnant or with a diagnosed mental health condition) should be encouraged to self-fund a second nicotine product (or use varenicline if clinically appropriate). Individuals who have a serious reaction to patches (local skin reaction is normal) or skin disorder may be supplied with an intermittent NRT product. Individuals with a diagnosed mental health condition should be referred to Hertfordshire Health Improvement Service for more intensive support and higher doses of NRT if appropriate.

E6: Prescriptions for NRT, varenicline (Champix®) or bupropion (Zyban®) should not exceed a maximum of 2 weeks at a time (unless in extenuating circumstances) and for a maximum total of 12 weeks. Hertfordshire Public Health Service will only fund a maximum of 12 weeks of treatment. If the patient wants to continue to use NRT after this time, then this should be self-funded. This is in accordance with the Hertfordshire County Council’s service specification for the delivery of stop smoking services (see Appendix 3).

E7: E-cigarettes should be supported and encouraged in people with mental health conditions to reduce smoking or stop smoking altogether (self-funded) and may be used in combination with NRT (single or combination).

E8: Be aware of nicotine withdrawal symptoms, in particular, the possible emergence of significant depressive symptoms in people attempting to stop smoking, with or without medication.

E9: Ensure people who use other medicines that are affected by smoking (or stopping smoking) are monitored, and the dosage adjusted if appropriate.

Most interactions between drugs and smoking are not clinically significant. However, healthcare professionals giving stop smoking advice or prescribing the medicines below should be aware of a small number of medicines which may require dose adjustment or increased monitoring when smoking status is altered, in particular: aminophylline, theophylline, clozapine, olanzapine, erlotinib and riociguat. Patients taking narrow-therapeutic-index drugs should be monitored closely when stopping smoking. This is not an exhaustive list and further information can be found here:

(UK Medicines Information 2017)

NOTE: please also see section F (prescribing and dispensing recommendations relating to all population groups).
Section F: prescribing and dispensing recommendations relating to all population groups

F1: When deciding which medicines to use and in which order, discuss the options with the person and take into account:
- Whether a referral to a stop smoking service in Hertfordshire has been made
- Contraindications, cautions and the potential for adverse events
- The person’s personal preferences
- The individual’s commitment to receiving counselling or support
- The likelihood that the person will follow the course of treatment
- The person’s previous experience of attempting to quit smoking and medicines used

This is in accordance with NICE guidance.

F2: Do not put stop smoking medicines on repeat prescription.

F3: If the person continues to smoke, do not prescribe any medications for more than 2 weeks after the set quit date without consultation with Hertfordshire Stop Smoking Service. This is in accordance with NICE guidance.

F4: All medicines may be recommended or prescribed for a maximum of 12 weeks for individuals who have stopped smoking. The full summary of product characteristics (SPCs) for the above products can be found on the electronic medicines compendium website: https://www.medicines.org.uk/emc

F5: All medicines may be prescribed or recommended for more than one attempt to stop smoking. There is no definitive period between treatment episodes, and provided the person remains motivated, they should be given a new course of medication. This should be recorded on PharmOutcomes, or alternative database approved by Hertfordshire County Council, as a new episode of treatment.

F6: If an individual relapses and does not wish to begin a new treatment episode, no further medicines should be given until such time they are motivated to stop smoking again. This is in accordance with NICE guidance. Refer to Hertfordshire’s guidance on tobacco harm reduction to support those who are not ready to quit smoking.

F7: Individuals who relapse may purchase TPD approved e-cigarettes or NRT to reduce the amount of tobacco they smoke.

F8: Access to medications should be as straightforward and as soon as possible once the quit date has been agreed.

F9: Supporting information on the relative effectiveness of each medication should be provided to the person planning to stop smoking.

F10: Encourage users of TPD approved e-cigarettes (self-funded) to receive behavioural support to help them to stop smoking.

F11: Be aware of all nicotine withdrawal symptoms, and in particular, the possible emergence of significant depressive symptoms in people attempting to stop smoking, with or without medication, and advise accordingly.

Evidence to support recommendations

<table>
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<tr>
<th>Rec</th>
<th>Supporting Evidence</th>
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<tr>
<td>A1</td>
<td>This recommendation is in line with public health guidance NG92 (NICE 2018)</td>
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<tr>
<td>A2</td>
<td>This recommendation is supported by evidence in the PHE E-cigarettes and heated tobacco products: evidence review (PHE 2018)</td>
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<tr>
<td>B1</td>
<td>This recommendation is in line with technology appraisal guidance123 (NICE 2007 – reviewed)</td>
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<tr>
<td>Rec</td>
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<td></td>
<td>• This recommendation is in line with public health guidance NG92 (NICE 2018) Recommendation 1.6.3</td>
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<td>• This recommendation is supported by quality statement 3 in Quality Standard 43 (NICE 2013a - updated 2018)</td>
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<td></td>
<td>• This recommendation is supported by evidence in a National Centre for Smoking Cessation and Training briefing on varenicline (National Centre for Smoking Cessation and Training 2013)</td>
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<tr>
<td>B2</td>
<td>• This recommendation is in line with public health guidance NG92 (NICE 2018) 1.6.4</td>
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<tr>
<td></td>
<td>• This recommendation is supported by evidence in a briefing paper by the National Centre for Smoking Cessation and Training on Combination NRT (National Centre for Smoking Cessation and Training 2013a)</td>
</tr>
<tr>
<td>B3</td>
<td>• This recommendation is supported by a briefing paper by the National Centre for Smoking Cessation and Training on e-cigarettes (National Centre for Smoking Cessation and Training 2016)</td>
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<tr>
<td></td>
<td>• This recommendation is in line with Hertfordshire County Council’s policy on electronic cigarettes: Tobacco harm reduction: A policy statement on the use of e-cigarettes (December 2016)</td>
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<tr>
<td>B4</td>
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<td>B5</td>
<td>• This recommendation is informed by evidence in the varenicline (Champix®) SPC (Pfizer, 2018)</td>
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<td>• This recommendation is support by Varenicline for smoking cessation. Technology appraisal guidance 123 [reviewed 2014] (NICE 2007)</td>
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<tr>
<td>B6</td>
<td>• This recommendation is supported by a UKMi Question and Answer Paper (UK Medicines Information 2017)</td>
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<tr>
<td>C1</td>
<td>• This recommendation is in line with recommendation 5 of public health guidance 26 (NICE 2010 – updated 2018)</td>
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<tr>
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<td>• This recommendation is supported by evidence in a National Centre for Smoking Cessation and Training briefing on varenicline (National Centre for Smoking Cessation and Training 2013)</td>
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<td>Rec</td>
<td>Supporting Evidence</td>
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</table>
| **C8** | • This recommendation is supported by a report from ASH on smoking Cessation in Pregnancy (ASH 2015)  
• This recommendation is in line with technology appraisal guidance 123 (NICE 2007 – reviewed 2014)  
• This recommendation is supported by evidence in a National Centre for Smoking Cessation and Training briefing on varenicline (National Centre for Smoking Cessation and Training 2013)  
• This recommendation is supported by a report from ASH on smoking Cessation in Pregnancy (ASH 2015) |
| **C9** | • This recommendation is supported by quality statement 4 in Quality Standard 43 (NICE 2013a – updated 2018)  
• This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3)  
• This recommendation is in line with recommendation 5 of public health guidance 48 (NICE 2013) |
| **C10** | • This recommendation is in line with recommendation 8 of public health guidance 26 (NICE 2010 – updated 2018) |
| **C11** | • This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3) |
| **C12** | • This recommendation is supported by a briefing paper by the National Centre for Smoking Cessation and Training on e-cigarettes (National Centre for Smoking Cessation and Training 2016)  
• This recommendation is supported by evidence in the PHE E-cigarettes and heated tobacco products: evidence review (PHE 2018)  
• This recommendation is supported by evidence in [https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products](https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products) |
| **C13** | • This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3) |
| **C14** | • This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3) |
| **C15** | • This recommendation is in line with recommendation 4 of public health guidance 26 (NICE 2010 – updated 2018) |
| **D1** | • This recommendation is in line with public health guidance NG92 (NICE 2018) 1.3.4  
• This recommendation is informed by evidence in the varenicline (Champix®) SPC (Pfizer, 2018)  
• This recommendation is informed by evidence in the bupropion (Zyban®) SPC (GlaxoSmithKline UK 2017) |
| **D2** | • This recommendation is in line with public health guidance NG92 (NICE 2018) 1.3.7  
• This recommendation is supported by quality statement 3 in Quality Standard 43 (NICE 2013a – updated 2018)  
• This recommendation is informed by evidence in the various SPCs for NRT products e.g. Nicorette 15mg inhalator (McNeil Products Ltd, 2016) |
| **D3** | • This recommendation is in line with good clinical practice and in consideration of young people addicted to tobacco |
| **D4** | • This recommendation is in line with technology appraisal guidance 123 (NICE 2007 – reviewed 2013)  
• This recommendation is in line with public health guidance NG92 (NICE 2018) 1.6.4  
• This recommendation is supported by quality statement 3 in Quality Standard 43 (NICE 2013a – updated 2018)  
• This recommendation is supported by evidence in a National Centre for Smoking Cessation and Training briefing on varenicline (National Centre for Smoking Cessation and Training 2013) |
| **D5** | • This recommendation is supported by quality statement 4 in Quality Standard 43 (NICE 2013a – updated 2018)  
• This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3) |
| **D6** | • Note: e-cigarettes are not licensed or regulated for people under 18.  
• This recommendation is supported by evidence in the PHE E-cigarettes and heated tobacco |
Rec | Supporting Evidence
--- | ---
E1 | • This recommendation is in line with technology appraisal guidance 123 (NICE 2007 – reviewed 2014)
   • This recommendation is line with public health guidance NG92 (NICE 2018) 1.1.3
E2 | • This recommendation is supported by evidence in a National Centre for Smoking Cessation and Training briefing on varenicline (National Centre for Smoking Cessation and Training 2013)
E3 | • This recommendation is informed by evidence in the bupropion (Zyban®) SPC (GlaxoSmithKline UK 2017)
E4 | • This recommendation is supported by an RCP and RCPsych report on smoking and mental health (Royal College of Physicians and Royal College of Psychiatrists, 2013)
E5 | • This recommendation is in line with public health guidance NG92 (NICE 2018) 1.6.4
   • This recommendation is supported evidence in a briefing paper by the National Centre for Smoking Cessation and Training on Combination NRT (National Centre for Smoking Cessation and Training 2013a)
E6 | • This recommendation is supported by quality statement 4 in Quality Standard 43 (NICE 2013a – updated 2018)
   • This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3)
E7 | • This recommendation is supported by an RCP report on electronic cigarettes (Royal College of Physicians, 2016)
E8 | • This recommendation is informed by evidence in the varenicline (Champix®) SPC (Pfizer, 2018)
E9 | • This recommendation is supported by a UKMi Question and Answer Paper (UK Medicines Information 2017)
F1 | • This recommendation is in line with public health guidance NG92 (NICE 2018) 1.6
F2 | • This recommendation is supported by a briefing paper by the National Centre for Smoking Cessation and Training
F3 | • This recommendation is in line with recommendation 5 of public health guidance 26 (NICE 2010 – updated 2018)
   • This recommendation is in line with public health guidance NG92 (NICE 2018)
F4 | • This recommendation is supported by quality statement 4 in Quality Standard 43 (NICE 2013a – updated 2018)
F5 | • This is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3)
F6 | • This recommendation is in line with recommendation 5 of public health guidance 26 (NICE 2010 – updated 2018)
   • Also see Hertfordshire Guidance on Tobacco Harm Reduction (Hertfordshire County Council 2015)
F7 | • This recommendation is supported by Hertfordshire Guidance on Tobacco Harm Reduction (Hertfordshire County Council 2015)
F8 | • This recommendation is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3)
F9 | • This is in line with the Service Specification for the delivery of Stop Smoking Services commissioned by Hertfordshire Public Health Service (see Appendix 3)
F10 | • This recommendation is supported by a briefing paper by the National Centre for Smoking Cessation and Training on e-cigarettes (National Centre for Smoking Cessation and Training 2016)
   • This recommendation is supported by evidence in the PHE E-cigarettes and heated tobacco products: evidence review (PHE 2018)
F11 | • This recommendation is informed by evidence in the varenicline (Champix®) SPC (Pfizer, 2018)

References


Fraser Guidelines: available at:


National Centre for Smoking Cessation and Training (2013a) *NCSCT Briefing 3: Combination nicotine replacement therapy (NRT)*. Available at: [http://www.nscst.co.uk/usr/pub/Briefing%203.pdf](http://www.nscst.co.uk/usr/pub/Briefing%203.pdf) [accessed 25th September 2019].


Royal College of Physicians (2016) *Tobacco without smoke: tobacco harm reduction (a report by the tobacco advisory group at the Royal College of Physicians)*. Available at: https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0 [accessed 25th September 2019]


Appendix 1: Medications available to be used under these guidelines

The following is for guidance only, please refer to the BNF or the Summary of Product Characteristics (SPCs) for full prescribing information including contraindications, cautions and drug interactions: https://www.medicines.org.uk/emc

**Nicotine Replacement Therapy**

Varenicline (Champix®)

Bupropion (Zyban®)

Please note: ONLY NRT PATCHES WILL BE REIMBURSED. Intermittent NRT products will ONLY be reimbursed if supplied in line with this guidance. Duo packs of NRT and lozenges will not be reimbursed as they are more expensive than separate packs of each.
Appendix 2: E-cigarettes and other nicotine containing devices

Electronic cigarettes are devices that deliver nicotine by heating and vaporising a solution that typically contains nicotine, propylene glycol and/or glycerol and flavourings.

There are almost 3 million users of e-cigarettes in the UK and there is a growing body of evidence which shows they are much less harmful than smoking (estimated to be 95% safer than smoked tobacco). Further information may be found here: https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update; https://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

From 20 May 2016 e-cigarettes must meet the requirements of the European Union Tobacco Product Directive:

- If they contain less than 20mg nicotine, they are required to be regulated by the MHRA. These regulated products must not be advertised in any form, sold to people under 18 years or be advertised with any claims about health benefits.

- E-cigarettes containing 20mg or more nicotine must be licensed with the MHRA. Any E-cigarette licensed with the MHRA will be reviewed through standard processes for new medicines for effectiveness and cost effectiveness before any recommendations are made for its use in Hertfordshire.

Hertfordshire Health Improvement Service (HHIS) have been provided with some good evidence that using an e-cigarette at the same time as varenicline may increase the success rate of quitting smoking.


We have consulted with Public Health England, the National Centre for Smoking Cessation and Training, Pfizer, and regional colleagues and reviewed Cochrane systematic reviews and NICE Guidance.

Whilst PHE and the NCSCT recognise the evidence and benefit of dual use of e-cigs and varenicline, we do not yet have any published guidance to support this action and varenicline is not licenced for use with either NRT or electronic cigarettes.

Therefore, our position remains as included in this guidance until we have authoritative documentation that approves varenicline and e-cigarette use together. As stated in the Hertfordshire guidance, we support the use of electronic cigarette’s both on their own and for dual use with Nicotine Replacement Therapy.

However, should the service user present at a stop smoking service using e-cigs and varenicline together, we should not discourage them, given the positive evidence that is emerging.

As soon as we have NCSCT or NICE guidance supporting dual use of varenicline and electronic cigarettes, we will update our position on this.
Follow up
Build on reper
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Discu
Complet
Ensure adequate
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Confi
APPOINTMENTS 2, 3 and 4
la
Provide advice
Advise
Complete all
Disc
Discu
Negotiate
Explain
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Note re
CONS
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reduction
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ac
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date.
previously. Explain commitment is for at least 4
servic
smoking and make firs
support for best chance of succe
If service
Family Support
FIRST CONTACT
FIRST APPOINTMENT: Usually pre-quit (30 mins or 45 mins if pregnant)
Establish service user relationship
CONSENT: complete on PharmOutcomes/Outcomes4Health
Note relevant medical history/medication.
Assess smoking history and current dependency (Fagerstrom Test)
Assess motivation and confidence to quit
Explain CO monitoring and record reading (use as motivational tool)
Negotiate AND set quit date and discuss planning for it
Provide literature e.g. Stop Smoking Start Living; Today Tomorrow
Discuss behaviour change/breaking the habit
Discuss withdrawal symptoms and coping mechanisms
Discuss all medication options approved by NICE, in line with local guidelines and patient choice, facilitate supply, explain use, and complete clinical record.
Make next appointment or follow up any DNAs
Complete all mandatory fields on PharmOutcomes/Outcomes4Health
Advise service user that evaluation form will be sent to them via text message
Provide advice regarding the risks and benefits of using NRT in pregnancy and lactation

APPointments 2, 3 and 4: (10-15 minutes on or shortly after quit date and each and every following week)
Assess progress so far - congratulate any constructive behaviour change/efforts
Confirm quit date
Take CO reading to use as a motivator
Monitor use of medication – ensure adequate use and monitor side effects (adjust dose or change medication if severe adverse effects)
Ensure adequate medication until next appointment
Complete clinic notes on PharmOutcomes/Outcomes4Health database
Discuss any lapses or barriers to quitting/difficulties to be overcome
Discuss withdrawal symptoms and coping mechanisms
Build on repertoire of coping strategies and identify and help patient overcome any perceived obstacles
Follow up service users who have failed to attend appointments

FINAL APPOINTMENT: between 25 and 42 days after quit date (NHS reporting deadlines)
Assess progress so far - quit or not quit at this four-week follow-up appointment
Congratulate success if appropriate and encourage staying stopped
For those who haven’t quit, suggest returning for another course when ready
Complete CO reading (must be less than 10ppm to validate non-smoking status)
Service user must be smoke free for the last 14 days of the 28 days since setting a quit date
Complete Quit Status on PharmOutcomes/Outcomes4Health for monitoring and payment purposes
Complete clinical record
Identify risks to staying stopped and ensure patient empowered to access service in future without fear of failure if relapse occurs.

Ensure sufficient supply of NRT, varenicline or bupropion to complete full course of medication

Medication:
Some medication may reach toxic levels following smoking cessation or reduction. Please access: http://www.oxfordhealthformulary.nhs.uk/searchresults.asp?SearchVar=smoking&Submit=Search for details of medicines which may need dose adjusting

NRT option:
Provide NRT E-voucher code. Service user to take to pharmacy (maximum 2 weeks supply) or advise to purchase alternative NRT

Varenicline or bupropion option: Advisor recommends varenicline or bupropion within NICE guidance and Hertfordshire Guidance: Stop smoking medication and the Summary of Product Characteristics. Provider gives service user LoR

For queries contact: Hertfordshire Health Improvement Service on 01442 453071 or email: HealthImprovementService@hertfordshire.gov.uk
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BNF</td>
<td>British National Formulary</td>
</tr>
<tr>
<td>CNS</td>
<td>Central Nervous System</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>HHIS</td>
<td>Hertfordshire Health Improvement Service (formerly Hertfordshire Stop Smoking Service (HSSS))</td>
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<tr>
<td>LoR</td>
<td>Letter of Recommendation to supply NRT by a community pharmacy</td>
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<tr>
<td>MHRA</td>
<td>Medicines and Healthcare Products Regulatory Agency</td>
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<tr>
<td>MOAIs</td>
<td>Mono-amine Oxidase Inhibitors (a range of anti-depressant medication)</td>
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<tr>
<td>NCSCT</td>
<td>National Centre for Smoking Cessation and Training</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
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<tr>
<td>NRT</td>
<td>Nicotine Replacement Therapy</td>
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<td>SPCs</td>
<td>Summary of Product Characteristic</td>
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