

# Formulary and Prescribing Guidelines

## Introduction

All inpatients should be encouraged to stop smoking as part of their care programme. Smoking Cessation Advisors are available to offer support to service users. For urgent advice contact the Respiratory Team, otherwise please send a referral to the Stop Smoking Service using the desktop icon. Use the free text box to communicate any information that may be relevant such as smoking related illness, safeguarding issues and expected length of stay in hospital and ward.

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NICE recommends that Nicotine Replacement Therapy (NRT), bupropion [Zyban®] and varenicline [Champix®] are options, as appropriate, for people planning to stop smoking. Due to the risks of serious side effects with bupropion and neuropsychiatric reactions with varenicline in people with mental health disorders, NRT remains the most clinically appropriate treatment of choice for smoking cessation within Milton Keynes Acute Trust unless a Level 2 Stop Smoking Trained advisor is available to assess and prescribe bupropion [Zyban®] and varenicline [Champix®]. Bupropion has significant potential to lower seizure thresholds and thus, can interact with many other psychotropic medication <sup>1,2</sup>

## Nicotine Replacement Therapy (NRT)

NRT, in conjunction with a behavioural support programme, should be offered to all service users for the relief of nicotine withdrawal symptoms and as an aid to smoking cessation.

Information should be provided on available treatments and the benefits and side effects should be discussed with all service users, including young people, pregnant or breastfeeding women and those with cardiovascular disorders.

All licensed NRT for use by inpatients must be prescribed by a doctor (or a non-medical prescriber) and stored with other medicines. No more than 2 weeks supply should ever be prescribed to inpatients and 2 weeks NRT may be supplied on discharge if the patient has been referred to the Stop Smoking Service.

The choice of NRT preparation should be tailored to the individual and must consider personal preference, motivation, cigarettes smoked per day, the time to the first cigarette of the day, desired speed of nicotine delivery, ability to adjust and titrate nicotine dose as required, tolerance for side effects, interactions and ease of use.

NRT products may be used alone or in combinations, where steady nicotine levels are supplied via slow release patch, with occasional use of faster delivery products (gum, inhalator, lozenges) to counteract withdrawal symptoms.

There is little difference in efficacy between different formulations.

Ideally, cigarette smoking should stop completely before starting nicotine replacement therapy.

**NRT can be prescribed temporarily for in-patients unable to smoke while admitted.**

The duration of use of NRT in people maintaining abstinence from cigarettes is usually 8–12 weeks, depending on the form and initial dose of NRT used, followed by a gradual reduction in dose. Some people, in particular those who are more dependent on nicotine, may need higher doses of NRT for a longer duration to reduce the risk of relapse.

Community patients can access 'stop smoking services' via their GP or community pharmacy.

Electronic cigarettes – or e-cigarettes – are not cigarettes; they are electrical devices that mimic real cigarettes by producing a vapour that's potentially less harmful than tobacco smoke.

Electronic cigarettes are not currently regulated as medicines and are not available on the NHS. They're not the same as the inhalator, which is a type of nicotine replacement therapy that is available on the NHS.

NICE guidance cannot recommend the use of unlicensed nicotine containing products but many smokers are finding unlicensed electronic cigarettes helpful. Plans have been announced to regulate electronic cigarettes from 2016, but until this happens, they are only covered by general product safety legislation.

E-cigarettes are banned on Milton Keynes Trust premises. In patients who are e-cigarette users should be offered NRT to help them manage their withdrawal symptoms whilst in hospital and support from the Stop Smoking Service.

## Precautions

Prescribers should consider that although a service user may not smoke in the inpatient setting, they may do so when on leave or discharged. This may affect plasma levels of their prescribed medicines, which may then need to be adjusted.

Cigarette smoke is a potent inducer of the cytochrome P450 isoenzyme<sup>3</sup>. Various medications are metabolised using this enzyme and therefore their metabolism may be affected if a patient starts or stops smoking. The BNF or drug SPC should be consulted for up to date information.

More information on smoking and drug interactions is available at:

[http://www.merseycare.nhs.uk/Library/What\\_we\\_do/Clinical\\_Services/Public\\_Health/Smoking\\_Interactions.pdf](http://www.merseycare.nhs.uk/Library/What_we_do/Clinical_Services/Public_Health/Smoking_Interactions.pdf)

Most warnings for NRT also apply to smoking, but the risk of continued smoking outweighs any risk of nicotine preparations. NRT should be used with caution in service users who have cardiovascular disease; peripheral vascular disease; hyperthyroidism; phaeochromocytoma; diabetes mellitus; renal or hepatic impairment; history of gastritis; peptic ulcers; pregnancy and breast feeding mothers<sup>6</sup>.

## Side Effects

These are usually transient but may include the following, some of which are a consequence of stopping smoking:  
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.

Refer to summary of product characteristics and package insert for details on product-specific side effects.

Clients experiencing minor side effects should be offered symptomatic advice, and encouraged to persevere with treatment/cessation.

Clients experiencing severe side effects should be advised to stop treatment and to see their GP for further advice.

### **NICE Guidelines**

NICE PH 48 November 2013. Smoking cessation in secondary care: acute, maternity and mental health services.

NICE PH 10 March 2010. Smoking cessation services<sup>6</sup>.

NICE TA123 July 2007. Varenicline for smoking cessation

NICE PH 45 June 2013. Tobacco: harm-reduction approaches to smoking

- Three pharmacotherapies have been recommended by NICE with respect to assistance in giving up smoking. NRT, Varenicline and Bupropion work best when combined with support such as the 'NHS Stop Smoking Service'.
- NRT should only be offered as part of an abstinence contingent treatment. That is, despite their licensed indications (smoking reduction and cessation), NICE only recommends their use in smoking cessation (unless patient is enrolled in a "Nicotine-Assisted Reduction to Stop" (NARS) strategy and only if it is part of a properly designed and conducted research study).
- Two weekly prescriptions are only to be repeated if abstinence from smoking can be verified.
- People unable to tolerate one type of NRT may benefit from an alternative preparation.
- Combinations of nicotine patch with other nicotine formulations should be offered to the patient if previous attempts utilising a single NRT formulation have been unsuccessful or who shows a high level of dependence on nicotine. Such formulations include gum, inhalator, lozenge, and nasal spray. Allow patient to choose the formulation which they consider would work best for them.
- NRT, bupropion or Varenicline should NEVER be used in any combination.
- Varenicline or bupropion may be offered to people with unstable cardiovascular disorder, subject to clinical judgement.
- Neither Varenicline nor Bupropion should be offered to young people under 18, or to breast-feeding or pregnant women.

## References

1. Bazire S. Psychotropic Drug Directory. Fivepin Limited; 2010
2. Manufacturer summaries of product characteristics @ emc.medicines.org.uk (accessed August 2014)
3. Stockley's Drug Interactions, accessed via Medicines Complete, [www.medicines.complete.com](http://www.medicines.complete.com)
4. British National Formulary. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; accessed August 2014 online via [www.bnf.org](http://www.bnf.org)
5. Public Health Guideline 10. Feb 2008. Smoking Cessation Services. Accessed August 2014 online via <http://www.nice.org.uk>
6. Smoking and drug interactions. 2007 The Medicines Information Team, Pharmacy Department, Mersey Care NHS Trust

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