



## Community Pharmacy Services Spotlight

### Spotlight: Varenicline

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### Varenicline

*Following the launch of the updated PGD,*

*Varenicline and smoking cessation will be one of our community pharmacy service spotlights for the upcoming quarter June-August 2025.*

*During upcoming quarterly visits, the NHS community pharmacy team will provide support, guidance & resources to enable our community pharmacies to deliver the smoking cessation service to its fullest potential.*



What Is The Service? Following on from the withdrawal of Varenicline (Champix®) tablets from the UK in 2021, a generic version of Varenicline has been launched by Teva Pharmaceuticals in the form of initiation packs, 0.5mg and 1mg packs. An updated PGD has been developed nationally to replace the original PGD that was in place for Champix®, allowing this prescription-only medicine (POM) to be prescribed by community pharmacists as part of the Smoking Cessation Community Pharmacy Public Health Service.

### How Can Community Pharmacy Support the Success & Delivery of This Service?

- Ensure that the updated PGD is completed by the pharmacist working within your pharmacy, or if you are a locum please ensure you have signed the PGD for the health board you will be working in.
  - Please note that **completed PGDs now do not need to be sent to the health board** once complete. Instead the MS Form should be submitted (as emailed and available on [communitypharmacy.scot](http://communitypharmacy.scot) website). Pharmacists are responsible for ensuring they keep a record of all PGDs they have signed.
- Pharmacists should complete the updated e-learning module on Varenicline on the NES TURAS Learn website at: [NHS Scotland Smoking Cessation service | Turas | Learn](#)
- All pharmacists should have access to the pharmacy PCR system to ensure accurate service claiming. The following can support with PCR log-in or password requests:
  - [Digital Pharmacy – NHS Ayrshire & Arran](#)
  - ePharmacy Helpdesk: 0131 275 6600 (Mon–Fri)
- Use Varenicline as an additional tool alongside behavioural support to assist patients who may have already exhausted all quit attempts using NRT as part of the smoking cessation service.
  - Please note, if a patient is vaping, they cannot use the Community Pharmacy Smoking Cessation Service but can be referred to QYW to receive support.

# Cessation Corner - #5

I'm Kerry Ingram and I work for Quit Your Way (QYW) in Ayrshire. Over the next few issues, I'm going to be writing about all things smoking-related, with the purpose of helping you to better support your smoking cessation patients. If you have any questions, please contact me. My email address is [Kerry.Ingram@aapct.scot.nhs.uk](mailto:Kerry.Ingram@aapct.scot.nhs.uk)

## Varenicline launches on June 9th

From Monday 9<sup>th</sup> June 2025, you will be able to offer patients who sign up to your smoking cessation service Varenicline.

The dosing regime is the same as it was for Champix. See below for the Teva dosing guide. The pills titrate from 0.5mg daily to 1mg x twice daily. Varenicline remains a front-line product meaning patients do not have to try Nicotine Replacement Therapy (NRT) before being able to access it for smoking cessation.



This material is intended for patients who have been prescribed varenicline, or their carers. Always read the package leaflet before beginning treatment.

teva

## Varenicline: Simple dosing guide

**Varenicline reduces the reward of smoking and the craving to smoke.<sup>1</sup>**

Stopping smoking can be difficult. Taking varenicline is simple but it's important to know that the dose increases over a typical 12-week course.<sup>1</sup>

### Three-step increase in dose:



- Varenicline 0.5 mg is a white oval tablet
- Varenicline 1 mg is a light blue oval tablet
- Tablets to be swallowed whole with water - with or without food
- Ideally, tablets should be taken at the same time each day

### Dosing timetable:

When you begin taking varenicline, set a smoking stop day within week 2

	Week 1							Week 2						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	0.5 mg	0.5 mg	0.5 mg	0.5 mg	0.5 mg	0.5 mg	0.5 mg	1 mg	1 mg	1 mg	1 mg	1 mg	1 mg	1 mg
	X	X	X	0.5 mg	0.5 mg	0.5 mg	0.5 mg	1 mg	1 mg	1 mg	1 mg	1 mg	1 mg	1 mg

Patient repeats for weeks 3-12

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).  
Adverse events should also be reported to Teva UK Limited on 0207 540 7117 or [medinfo@teva.co.uk](mailto:medinfo@teva.co.uk)

**Good nausea** – when someone smokes, they feel sick therefore they will avoid smoking.

**Bad nausea** – Varenicline should be taken after food. Some people find the 1mg x twice daily too strong. You can reduce to 0.5mg twice daily.

To avoid insomnia or vivid dreams, suggest not taking before bedtime. If headaches, suggest plenty of fluids and rest. If headaches persist offer a suitable analgesic. If feeling sleepy or dizzy, tell the patient not to drive or use tools/ machinery. Offer a reduced dose if required.

Varenicline can help support patients to stop smoking however long-term smoking cessation requires patients to change their habits from a smoker to that of a non-smoker. **Behavioural support** from you will help maximise their chances of staying smoke-free.

**Shared Care** can be offered to any smoking cessation patients you think would benefit from more intensive behavioural support. Call Quit Your Way free on 0800 783 9132 to arrange whether your patient is using Varenicline or NRT to quit.

Varenicline partially blocks the receptors in the brain. It can **reduce withdrawal symptoms and cravings** and blocks some of the rewarding effects of smoking thus giving the user less enjoyment. Varenicline does not contain nicotine.

Varenicline is a **12-week course**. Smoking is allowed at the start of the course with patients expected to **quit by Day 14** at the latest. If they do not stop by then you can stop their Varenicline and suggest they try NRT.

The pills should be taken at least **8 hours apart**. If a dose is accidentally missed, the patient should not take double the next time. Make sure they complete the 12-week course and do not stop taking the pills early.

**Common side-effects** include nausea, insomnia or feeling sleepy, vivid dreams, dry mouth, headaches, metallic taste in the mouth.





## Not to be used in

- People under 18
- Pregnant women / breastfeeding
- Allergy to Varenicline or excipients

## Cautions

- May have minor or moderate influence on the ability to drive or use machines.
- End stage renal failure, severe renal impairment (reduce dose)
- Epilepsy
- No clinically meaningful drug interactions



The EAGLES study, a large randomized controlled trial of over 8,000 people, found no evidence of an association between neuropsychiatric adverse events attributable to Varenicline.

Varenicline has been shown to be effective in helping smokers with mental health conditions quit, even those with a history of depression or anxiety.

While Varenicline is generally safe, some professionals recommend cautious treatment initiation, patient education, and close follow-up when using it in patients with mental health conditions.

**If any patient becomes agitated, depressed or has suicidal thoughts, stop their Varenicline immediately.**

## Online Training



The link below will take you directly to the:  
**“Varenicline for NHS Scotland Cessation Service” module.**

[Scorm Player - NHS Scotland Smoking Cessation service](#)

### **Share and Learn: Learnings From A Recent Community Pharmacy Screening Group (CPSG) Meeting**

A DATIX entry is made when NHS Ayrshire & Arran are notified of a dispensing error or similar incident from a community pharmacy. The community pharmacy contractor involved will subsequently provide a response based on their own investigations which is then reviewed by the Community Pharmacy Screening Group (a group made up of pharmacists from community pharmacy and primary care as well as the NHS contracts team).

A recent DATIX highlighted the challenges and complexity that healthcare professionals may experience due to drug shortages. The DATIX occurred as a result of ongoing insulin shortages and amendments, with the insulin formulation and dosing regimen being adjusted as a consequence for the patient involved. This unfortunately resulted in the patient taking half of the insulin units that they were prescribed. Although this was a challenging and complex experience for the pharmacist involved, that did unfortunately result in a dosing error, the level of patient care shown by the pharmacist must be commended. They went above and beyond to ensure that the patient did not go without essential medication.

With drug shortages being more prevalent in this day and age, many pharmacists will be faced with similar challenging situations to that of the above throughout our career. It may be that you have already experienced a similar situation to that of the above.

For Diabetic patients, the following guidance may support with ensuring patient care and understanding is maximised where changes to Insulin medications are involved:

**MHRA alert (April 2015): <https://www.gov.uk/drug-safety-update/high-strength-fixed-combination-and-biosimilar-insulin-products-minimising-the-risk-of-medication-error>**

This provides guidance on: *dose stepping; dose conversion when switching between standard and high strength insulin products; and product specific guidance.*

**The Secondary Care Diabetic Team can also be contacted in emergencies for advice on the following email:**

AH\_Diabetics@aapct.scot.nhs.uk

### **Simulation sessions for Community Pharmacy IPs**

A further simulation session has been added for 2025.

- **Friday 22<sup>nd</sup> August 0900-1300 hours (Education Centre, Crosshouse Hospital)**

**Sessions will be limited to a maximum of 4 people per session.**

If you are interested in attending, please email [aacpteam@aapct.scot.nhs.uk](mailto:aacpteam@aapct.scot.nhs.uk).

## RECENT COMMUNICATIONS SUMMARY

**Monday 2nd June** – aa.cpteam – Varenicline PGD

– aa.cpteam – Zentiva Various Products

**Tuesday 3<sup>rd</sup> June** – ClinicalPCT – PCA2025-P-11

**Wednesday 4<sup>th</sup> June** – ClinicalPCT – PCA2025-P-12

**Friday 6<sup>th</sup> June** – ClinicalPCT - Security Alert - Lost Prescription Pad

### KEY COMMUNITY PHARMACY CONTACTS

<b>CP Team</b>	Community Pharmacy Administration	<a href="mailto:aa.cpteam@aapct.scot.nhs.uk">aa.cpteam@aapct.scot.nhs.uk</a>	01292 513905/513833
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<b>ePharmacy Facilitator</b>	Facilitator, Digital Services	<a href="mailto:aa.digitalservicescommunityfacilitators@aapct.scot.nhs.uk">aa.digitalservicescommunityfacilitators@aapct.scot.nhs.uk</a>	

### PRIMARY CARE CONTACTS

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**GENERAL ENQUIRIES EMAIL:** [aa.cpteam@aacpt.scot.nhs.uk](mailto:aa.cpteam@aacpt.scot.nhs.uk)

*Information contained in this communication is issued on the understanding that it is the best available from the resources at our disposal and the opinions expressed are those of the authors and do not necessarily reflect Ayrshire & Arran Patient Services' policy.*