

Patient Group Direction for varenicline in patients aged 18 years and over as an aid to smoking cessation in Community Pharmacy

Patient assessment form

Patient name and address (including postcode):	<i>Click or tap here to enter text.</i>	Date of Birth /CHI:	<i>Click or tap here to enter text.</i>
		Sex	M ☐ F ☐
Patient contact number	<i>Click or tap here to enter text.</i>	GP Practice name	<i>Click or tap here to enter text.</i>
Date of assessment:	<i>Click or tap to enter a date.</i>	Patient is aware that GP will be informed:	YES ☐ NO ☐

Patient clinical picture and related appropriate actions

	Yes	No	Actions
Is the patient a dependent smoker (i.e. they smoke within 30 minutes of waking and / or find quitting unaided difficult?	☐	☐	If YES, <i>proceed with supply under PGD</i>
Is the person sufficiently motivated to quit and agrees to receive appropriate behavioural support?	☐	☐	If YES, <i>proceed with supply under PGD</i>
Is patient under 18 years of age?	☐	☐	If YES, do not treat with this PGD. <i>Offer NRT as appropriate.</i>
Is the patient pregnant, or planning to become pregnant during the treatment period?	☐	☐	If YES, do not treat with this PGD. <i>Refer to specialist smoking services and / or offer NRT if cannot stop smoking without pharmacotherapy.</i>
Is the patient breastfeeding?	☐	☐	If YES, do not treat with this PGD, <i>offer NRT.</i>
Known hypersensitivity to varenicline or any excipients?	☐	☐	If YES, do not treat with this PGD, <i>offer NRT.</i>
Does the patient suffer severe renal impairment or end stage renal disease?	☐	☐	If YES, do not treat with this PGD, <i>offer NRT or refer to GP.</i>
Does the patient have a previous history of Stevens-Johnson Syndrome or Erythema Multiforme?	☐	☐	If YES, , do not treat with this PGD, <i>offer NRT.</i>
Does the patient have a history of seizures e.g. epilepsy or conditions where seizure threshold may be lowered?	☐	☐	If YES, do not treat with this PGD, <i>offer NRT or refer to GP.</i>
Is the patient currently using another smoking cessation aid or e-cigarette?	☐	☐	If YES, do not treat with this PGD, <i>discuss preferred smoking cessation aid.</i>
Is the patient aware they have any degree of renal impairment?	☐	☐	If YES, <i>degree of impairment can be checked via Clinical Portal. Refer to SPC for dose adjustments required.</i> If not available to check in community pharmacy, <i>refer to GP.</i>

Does the patient have a history of serious psychiatric illness?	☐	☐	If YES, consider referring to GP, CPN or Psychiatrist for opinion.
Is the patient taking clozapine?	☐	☐	If YES, contact prescriber to ensure monitoring when stopping smoking PRIOR to supply of varenicline.
Is the patient using insulin?	☐	☐	If YES, advise re additional glucose monitoring.
Is the patient taking concurrent medication which requires monitoring or dose adjustment when stopping smoking?	☐	☐	If YES, refer to Specialist Pharmacy Services 'Managing specific interactions with smoking' www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/ Advise that patient should inform their regular prescriber of their smoking cessation attempt.
Has informed consent to treatment been obtained?	☐	☐	If YES, proceed with supply under PGD, patient is unable to receive treatment without consent.

Preparation options and supply method

Medicine and strength	Regimen	Supply method
Varenicline 0.5mg tablets	Day 1 – 3: 0.5mg ONCE daily Day 4 – 7: 0.5mg TWICE daily	PGD via UCF
Varenicline 1mg tablets	Once titration is complete: Day 8 onwards: 1mg TWICE daily for 11 weeks (can be reduced to 0.5mg TWICE daily if not tolerated or 1mg DAILY in moderate renal impairment).	
Total treatment period – 12 weeks Initiation (Days 1 to 14): Supplied in an appropriately labelled initiation pack* containing 11 x 0.5mg tablets and 14 x 1mg tablets. Remainder of treatment (Day 15 onwards): Supplied in appropriately labelled packs of 14 x 1mg tablets to a total of 12 weeks therapy (i.e. 10 instalments of 14 x 1mg tablets.) <i>*If there are issues procuring initiation packs, appropriately labelled packs containing 11 x 0.5mg and 14 x 14mg tablets may be supplied.</i>		

Patient advice checklist

Advice	Provided (tick as appropriate)
Explain the mode of action, dose and frequency – of the titration period as well as remainder of treatment.	☐
Explain that a quit date should be set for 7 to 14 days after starting varenicline treatment.	☐
Explain how to take medication – swallowed whole with water, either with or without food	☐
Advise of possible side effects and how to manage them - Nausea may be reduced if taken with food - Dose can be reduced if intolerable	☐
Advise that varenicline may cause drowsiness – do not drive or operate machinery/tools if affected. Exercise caution until patient is reasonably certain that varenicline does not adversely affect their performance.	☐
Explain that stopping smoking with or without the support of medication can be associated with various symptoms (e.g. poor sleep, irritability) – advise these should only be short lived and stopping smoking is a long term benefit.	☐
Stop taking varenicline and seek further medical advice if a serious adverse effect occurs e.g. cardiac issues (chest pain or stroke-like symptoms) or depressed mood/suicidal thoughts.	☐
Control of blood sugar levels can be disturbed when stopping smoking – individuals with diabetes should be vigilant for signs of hypo/hyperglycaemia and monitor blood glucose levels more frequently where appropriate.	☐
Possible physical changes on stopping smoking e.g. weight gain and how to manage this	☐
Outline the expectation of individual and pharmacy team with reference to ongoing treatment and future consultations – weekly behavioural support and supply of medication, CO monitoring where appropriate.	☐

Communication

Contact made with	Details (include time and method of communication)
Patient's General Practice (details)	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.	
Batch number	Click or tap here to enter text.	Expiry date Click or tap to enter a date.
Print name of pharmacist	Click or tap here to enter text.	
GPhC registration details	Click or tap here to enter text.	
Signature of pharmacist		

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Notification of assessment for suitability (and supply where appropriate) by community pharmacy

CONFIDENTIAL WHEN COMPLETED

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GP name	Click or tap here to enter text.	Pharmacy Stamp / Address details
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment with varenicline to aid smoking cessation.		
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	Pharmacist name Click or tap here to enter text.
Patient address	Click or tap here to enter text.	
	Click or tap here to enter text.	GPhC number Click or tap here to enter text.
Postcode	Click or tap here to enter text.	Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

The patient has been supplied varenicline tablets to support their smoking cessation attempt (supply will continue for a maximum of 12 weeks). <i>Please can this medicine be added to the patient's medication records?</i> No further action is required by you, as the patient will receive all supplies from this pharmacy in addition to behavioural support.	☐
The patient is unsuitable for treatment with varenicline via PGD for the following reasons: Click or tap here to enter text. <i>Please can this patient be reviewed to decide on the best smoking cessation therapy.</i> Ongoing behavioural support will be provided for the patient from this pharmacy.	☐
Patient consent: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.	Consent received ☐

This form should now be sent to the patient's GP and a copy retained in the pharmacy