CAMBRIDGESHIRE & PETERBOROUGH STOP SMOKING SERVICE’S

Stop Smoking Pharmacological Products Guidance

This guidance is for use by
Cambridgeshire Stop Smoking Service (CAMQUIT), Peterborough Stop smoking Service, GP Practices, Pharmacies participating in the Community Pharmacy Stop Smoking Service and Cessation advisors who have received specialist training through the Cambridgeshire or Peterborough services (such as those based within the School Nursing teams -Cambridgeshire only).

Purpose

The purpose of the Stop Smoking Pharmacological Products Guidance is to ensure consistency and cost effectiveness across Cambridgeshire and Peterborough in the approach taken to advising and supporting people who wish to stop smoking, improving the clinical and cost effectiveness of prescribed medicines and reducing medicines wastage.

Summary

Helping an individual to stop smoking requires understanding their lifestyle and personal preferences. It is therefore important to provide a choice of interventions, accompanied by supporting information regarding relative chances of success, possible side effects and ease of access.

Clients will be seen initially at their GP surgery (if there is a level 2 stop smoking advisor), Cambridgeshire or Peterborough Stop Smoking Services, the Community Pharmacy, through the school nursing team or community based level 2 smoking cessation advisor where they will be given behavioural support and advice regarding stopping smoking.

Clients should be assessed carefully with regard to their motivation to quit smoking using a nicotine dependence assessment tool and assessment of readiness to quit tool. If their level of motivation to quit is not sufficiently high then the client should be given appropriate information and advised to make a further appointment when they feel they may be ready to make a serious attempt to quit or should be followed up by a stop smoking advisor.

If the individual is ready to make a serious attempt to quit smoking then the following approach should be taken:
A full discussion should take place and should include information on the treatment programme, setting a quit date and medication options. This may include the use of pharmacotherapies that are available to the client to help them quit smoking using the protocols below.
Pharmacotherapy options

Clinicians should be aware of the possible emergence of significant depressive symptoms in patients undergoing a stop smoking attempt with or without pharmacotherapy, and should advise patients accordingly. The MHRA has recommended that varenicline should be discontinued immediately if agitation, depressed mood, suicidal thoughts/behaviour or other changes in behaviour are observed.

If the decision is taken that pharmacotherapy is necessary, then the initial treatment option should be chosen by the patient based on information provided by the stop smoking advisor through their assessments and consultations. This should consist of a product that meets the needs and lifestyle of the client in order to increase adherence to the programme and to increase long term success. This should be used in conjunction with formal counselling, advice and support from the stop smoking advisor.

All smokers should be given the optimum chance of success in any given quit attempt. NRT, Champix (varenicline) and Zyban (bupropion) should all be made widely available in combination with intensive behavioural support as a first-line treatment (where clinically appropriate) (i)

First Line Therapy choices:

a) NRT product + Behavioural counselling
b) A combination of two NRT products + Behavioural counselling (e.g. a baseline patch the strength of which is suitable to the level of cigarette usage and an additional product such as lozenges, gum, inhalator, spray, thins or microtabs for occasional use).
c) Varenicline (Champix) + Behavioural counselling
d) Bupropion (Zyban) + Behavioural counselling

The following should be noted carefully:
A combination of NRT products (combination therapy) has been shown to have an advantage over using just one product. It is also considered cost-effective. Stop smoking service providers should therefore routinely offer clients combination therapy whenever appropriate. (i)

Combinations of NRT with Varenicline (Champix®) or Bupropion (Zyban®) should NOT be offered. There is no evidence available for the use of NRT in combination with Varenicline or Bupropion Hydrochloride.

Varenicline and Bupropion are only available on prescription and it is at the discretion of the individual prescriber whether a request to prescribe is agreed to.

Combining behavioural support with pharmacotherapy increases a smoker’s chances of successfully quitting by up to 4 times (i)

Stop Smoking medications approved by NICE are Nicotine Replacement Therapy (NRT), Varenicline (Champix®) and Bupropion (Zyban®).

The effectiveness of pharmacotherapy, using individual behavioural support gives four-week quit rates of: (i)

- No medication – 22%
- Mono NRT – 37%
- Combination NRT – 50%
- Bupropion (Zyban®) – 39%
- Varenicline (Champix®) – 52%

Supporting information regarding the relative effectiveness of each intervention type should be given. The Department of Health have smoking cessation booklets free of charge, patient information leaflets through the website electronic medicines compendium [www.medicines.org.uk](http://www.medicines.org.uk) and CAMQUIT also have patient information leaflets available via their website: [www.camquit.nhs.uk](http://www.camquit.nhs.uk) or via the Freephone 0800 018 4304. Information about Peterborough’s’ service is available 0800 376 5655 and via the website: [https://www.peterborough.gov.uk](https://www.peterborough.gov.uk) click on the Health and Social care tab.

All pharmacotherapies should remain available for the period recommended in the product SPC and access to supplies should be made simple and easy.

**Prescribing duration**

Prescriptions for supplies of NRT, Varenicline (Champix®) or Bupropion (Zyban®) should not exceed a maximum of 4 weeks. It is recommended that prescription requests are processed every one-two weeks for the course of treatment. This duration allows for re-assessment of product suitability & correct use and quit attempt progress up to the 4 week monitoring and reporting stage. It is recommended that all prescriptions for smoking cessation medications are recorded as ‘acute’ and are not added to the clients repeat prescription list.

Pharmacotherapies should be available for more than one treatment episode. **There is no definitive period between quit attempts**, and provided the client remains motivated they should be given a new course of treatment in line with a new treatment episode. This includes intervention with Prescription Only Medications such as Varenicline (Champix®) or Bupropion (Zyban®).

If a client relapses and does not wish to begin a new treatment episode, no further prescriptions should be given until such time they are motivated to quit again.

Smoking cessation specification extract

<table>
<thead>
<tr>
<th>SPECIFICATION</th>
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<tbody>
<tr>
<td>1a Initial assessment- Brief advice (5 minutes)</td>
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<tr>
<td>- Ask and record smoking status</td>
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<tr>
<td>- Assessment of person’s readiness to make quit attempt and provide referral to cessation service</td>
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| 2a Initial consultation (15-30 minutes) |
| - Set quit date |
| - **Supply 1-2 weeks NRT/Zyban/Champix** |
| - Complete monitoring form |
| - Carbon monoxide (CO) test validation |
| - Complete the patient records notes |

| 3a Follow up (10 minutes) |
| - Re-assess cessation progress and smoking status |
| - **Supply 1-2 weeks NRT/Zyban/Champix** |
| - Complete monitoring form |
| - Carbon monoxide (CO) test validation |
| - Complete the patient records notes |

| 3b Follow up (10 minutes) |
| - Re-assess cessation progress and smoking status |
| - **Supply 2 weeks NRT/Zyban/Champix** |
| - Complete monitoring form |
| - Carbon monoxide (CO) test validation |
| - Complete the patient records notes |
### Dispensing procedure

**GP practice based smoking cessation service**

1. GP Practice based stop smoking services should ensure they have an established practice procedure for issuing stop smoking pharmacotherapy’s in line with Cambridgeshire’s & Peterborough’s guidance.

**CAMQUIT advisors who are not based within a GP surgery - NRT**

1. Should complete a prescription request form for NRT and send to the clients GP surgery. No patient appointment is required unless the practice procedure states otherwise or the client presents contraindications to NRT.
2. Alternatively a nicotine replacement therapy voucher can also be given to the client to be processed by the local Pharmacist as part of the Pharmacy voucher scheme contract.

**CAMQUIT advisors who are not based within a GP surgery - Zyban or Champix**

1. Clients who are a medically suitable candidate for Varenicline or Bupropion should be referred for an appointment with their GP with their completed CAMQUIT Champix or Zyban prescription request form.

**Community based advisors who are not employed by Peterborough City Council, Cambridgeshire Community Services or Cambridgeshire County Council**

1. Should contact their link advisor within the specialist service once their client is ready to access treatment medications. The link advisor will be responsible for supporting the advisor and client with following the necessary prescribing procedures.

**Pharmacy based stop smoking service**

1. Should ensure that there is an established procedure for issuing stop smoking NRT pharmacotherapy choices and that it is the Pharmacists responsibility to issue the medication in line with the Cambridgeshire and Peterborough’s Stop Smoking Service guidance.
2. Clients who wish to use Varenicline or Bupropion should be referred for an appointment with their GP but can continue to use the pharmacy service for behavioural support alone.

**CCS School Nurse smoking cessation advisors**

1. Should complete a prescription request form for NRT and send to the clients GP surgery. No patient appointment is required unless the practice procedure states otherwise or the client presents contraindications to NRT.
2. Alternatively a nicotine replacement therapy voucher can also be given to the client to be processed by the local Pharmacist as part of the Pharmacy voucher scheme contract.
Stopping treatment

All products (NRT, Champix and Zyban) should be used as indicated in the SPC and if the client has successfully quit at the four week stage they should continue to use the product for the full treatment course as indicated in the SPC (usually up to 12 weeks). At the end of the treatment course the medication use should cease. Products should be used as part of a smoking cessation standard treatment programme along with behavioural support from an approved smoking cessation advisor.

Treatment should be stopped immediately and the clients quit attempt reassessed if:

- The client reports a suspected adverse reaction after authorisation of the medicinal product. The risk/benefit balance of the product should be monitored. Healthcare professionals are asked to report any suspected adverse reaction via the Yellow Card Scheme, www.mhra.gov.uk/yellowcard.
- The client is recorded as ‘not quit’ or ‘lost to follow up’ at the four week stage. Continued treatment should cease until a full re-assessment and new quit date has been established.
- The client under 18 years old is not deemed ‘Fraser competent’ to use the treatment appropriately.
- The client develops a new medical condition/illness which is not associated with nicotine withdrawal. The GP/Health professional should then make assess the risk/benefit of continued use of the medication.
- The treatment choice is not suitable for the client and a new product is issued.
- The client chooses to use an electronic cigarette to stop smoking.

Smoking Cessation in Pregnancy & Breastfeeding

Special considerations

Smoking during pregnancy causes serious complications both during the pregnancy and afterwards and is a major cause of infant mortality and Sudden Infant Death Syndrome. The use of nicotine replacement therapy in pregnancy is preferable to the continuation of smoking, but should be used only if smoking cessation without nicotine replacement fails. Advice regarding the risks and benefits of using NRT in pregnancy should be given by a trained adviser who has attended the specialist smoking and pregnancy training.

Access to NRT during pregnancy should be available on the recommendation of an adviser who has completed the Smoking in Pregnancy training. Pregnant smokers with an obstetric/medical condition and/or taking regular medication should be seen by a health professional or referred to the specialist service.

Medication choices

- Intermittent products are preferable to patches but avoid liquorice-flavoured nicotine products. Patches should be made available to women who cannot tolerate oral NRT products, if the patient is experiencing pregnancy-related nausea and vomiting. If patches are used, they should be removed before bed.

- Combination Therapy can be made available for heavily dependent smokers when considered to be clinically appropriate.

- Lactation is not a contraindication to the use of NRT. The use of intermittent NRT products is preferred in order to allow maximum time between NRT use and breastfeeding.

- Varenicline and Bupropion Hydrochloride are contraindicated for pregnant and breastfeeding ladies.
Prescribing procedure

GP practice based smoking cessation service
1. GP Practice based stop smoking services should ensure they have an established practice procedure for issuing stop smoking pharmacotherapy’s in line with Cambridgeshire’s & Peterborough’s guidance.

CAMQUIT advisors who are not based within a GP surgery who want to use NRT
1. Should complete a prescription request form for NRT and send to the clients GP surgery. No patient appointment is required unless the practice procedure states otherwise or the client presents contraindications to NRT.
2. Alternatively a nicotine replacement therapy voucher can also be given to the client to be processed by the local Pharmacist as part of the Pharmacy voucher scheme contract, but it is the responsibility of the Pharmacist to provide the intervention and issue the NRT. Under the terms of the Public Health Contract all pharmacists in Cambridgeshire who have registered to deliver smoking cessation interventions ideally must have had CAMQUIT specialist smoking and pregnancy training prior to providing smoking cessation interventions for pregnant women. The Pharmacy should ensure that there is an established procedure for issuing stop smoking NRT pharmacotherapy choices and that it is the Pharmacists responsibility to issue the medication in line with the Cambridgeshire and Peterborough’s Stop Smoking Service guidance.

The GP or clinician overseeing the pregnancy should be informed.

Pharmacy based stop smoking service
1. Pregnant women can be provided with NRT directly through a community pharmacy without consultation with their GP but it is the responsibility of the Pharmacist to provide the intervention and issue the NRT. Under the terms of the Public Health Contract all pharmacists in Cambridgeshire who have registered to deliver smoking cessation interventions ideally must have had CAMQUIT specialist smoking and pregnancy training prior to providing smoking cessation interventions for pregnant women. The Pharmacy should ensure that there is an established procedure for issuing stop smoking NRT pharmacotherapy choices and that it is the Pharmacists responsibility to issue the medication in line with the Cambridgeshire and Peterborough’s Stop Smoking Service guidance.

The GP or clinician overseeing the pregnancy should be informed.

Young People

Special considerations
- NRT is licensed for use in young people aged 12 and above but medical advice should be obtained if it is necessary to use beyond 12 weeks or if the client has medical conditions which are listed as contraindications for NRT.
- For people aged 13-16 year olds please assess and complete a Fraser competency form so that young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed.
- For anyone under the age of 12 years please seek the child’s parental consent or refer the smoker back to their GP or Pharmacist.
- Dispensing procedure is the same as Dispensing procedures on page 4.
Zyban and Champix are contraindicated for under 18 year olds.

**Electronic Cigarettes**

Electronic cigarettes are not currently licensed for smoking cessation and as with other unlicensed nicotine containing products, the stop smoking service cannot provide or prescribe them. However clients who register with the stop smoking service should be given information on licensed products such as Nicotine replacement therapy, Zyban and Champix and also the non-licensed products such as electronic cigarette so that they can make an informed decision about their stop smoking plan.

For further information about electronic cigarettes
1) [http://www.ncsct.co.uk/usr/pub/e-cigarettes_briefing.pdf](http://www.ncsct.co.uk/usr/pub/e-cigarettes_briefing.pdf)

**Background information on the local smoking cessation services**

In Peterborough the Public Health Delivery team transferred from NHS Peterborough to Peterborough City Council in October 2012. The Smoking Cessation service within Peterborough is co-ordinated by the Public Health delivery team which currently forms part of the People and Communities Directorate. The smoking service is delivered in conjunction with other public health priorities including, lifestyle programmes, health checks and health improvement accredited training.

The Smoking cessation service within Cambridgeshire is co-ordinated by CAMQUIT which forms part of the Cambridgeshire County Council's Public Health Directorate. The Public Health Directorate transferred from NHS Cambridgeshire to the Council in April 2013 as a result of the Health and Social Act 2012. The Public Health Directorate manages contracts with health and social care providers to deliver smoking cessation services and this policy aims to provide good practice guidance when prescribing smoking cessation treatment medications.

Local stop smoking services follow The National Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme which sets out a standard method for supporting an individual to stop smoking involving an initial assessment and continued motivational interviewing sessions whereby the advisor forms an understanding about the clients' health, lifestyle, circumstances and preferences. It is therefore important to provide a choice of interventions, accompanied by supporting information regarding relative chances of success, possible side effects and ease of access so that the client can make an informed choice about their quit attempt.

References:

(ii) NHS Stop Smoking Services - Service and Monitoring Guidance 2012-13
Produced by Cambridgeshire Stop Smoking Service (CAMQUIT) and Peterborough Stop Smoking Service Co-ordinators

Date: November 2015
Review: November 2016

PHARMACOTHERAPIES AVAILABLE

Please refer to BNF or each product SPC for full prescribing information including contraindications cautions and drug interactions:

http://emc.medicines.org.uk

Nicotine Replacement Therapy
NRT can be prescribed as single or combination therapy

Patches
Nicorette Invisipatch (16 hour) 25mg, 15mg, 10mg
Nicotinell (24 hour) 21mg, 14mg, 7mg
Niquitin & Niquitin Clear (24 hour) 21mg, 14mg, 7mg

Lozenges
Nicopass 1.5mg
Nicorette Cools 2mg, 4mg
Nicotinell 1mg, 2mg
Niquitin CQ 2mg, 4mg
Niquitin Minis 4mg, 1.5mg

Nicorette Microtabs
Nicorette 2mg

Chewing Gum
Nicorette Gum 2mg, 4mg
Nicotinell Gum 2mg, 4mg
Niquitin CQ Gum 2mg, 4mg

**Inhalator**
Nicorette 15mg

**Nasal Spray**
Nicorette 10ml (0.5mg per dose)

**Mouth Spray**
Nicorette Quickmist 1mg per spray

**Oral strips**
NiQuitin oral strips 2.5mg per strip

Any new NRT product which is licensed as GSL
Nicotine replacement therapy for Smoking Cessation 2016-17

Client is motivated to set a quit date and have
behavioural support with a level 2 cessation advisor

Refer to GP or specialist smoking cessation service
advisor – CAMQUIT 0800 018 4304 or via
CAPCCG.CAMQUIT@nhs.net & follow policy guidance

Is the client pregnant, breast feeding
or under 18 years of age?

BNF Caution statement: Most warnings for nicotine replacement therapy also apply
to continued cigarette smoking, but the risk of continued smoking outweighs any
risks of using nicotine preparations. Nicotine replacement therapy should be used
with caution with the following particular conditions:

Wait for condition to stabilise
before commencing treatment.
Continue quit attempt with
behavioural support alone.

Have any of the following occurred in
the last 4 weeks:
- Acute MI
- Unstable angina
- Severe cardiac arrhythmias
- Recent stroke/TIA
- CABG and angioplasty

Use NRT with caution and
consider concurrent medications
in treatment protocol

Cautions: Do any of the following apply?
- Diabetes Mellitus
- Renal or hepatic impairment
- Hyperthyroidism
- Phaeochromocytoma
- Peripheral vascular Disease
- History of Peptic ulcer disease
- Hypertension
- Coronary Heart disease
- Stable angina

Please note: All stop smoking pharmacotherapy
should be prescribed as ‘Acute’ only
for a maximum of 12 weeks total
treatment course per quit attempt.
This should be dispensed 1-2 weeks
at a time for the first month and then
if the client is successful a 4 weeks
supply, followed by a final 4 week
supply.

Recommend the most appropriate
NRT product or combination
therapy following the initial nicotine
dependency assessment and
discussion with the patient.
Follow the dispensing duration
section within the C & P prescribing
guidance.
**Champix (Varenicline®)**

**Starter Pack**: 0.5mg & 1mg oral tablets  
**Maintenance**: 1mg tablets, 0.5mg oral tablets

**Dose**: start 1–2 weeks before target stop date. Initially 500 micrograms once daily for 3 days, increased to 500 micrograms twice daily for 4 days, then 1 mg twice daily for 11 weeks (reduce to 500 micrograms twice daily if not tolerated);

**Contraindications**:  
Pregnancy or breastfeeding – not licensed  
Patients under 18 years of age – not licensed  
End stage renal disease – not licensed

**Cautions**:  
- Patients with a history of psychiatric illness should be monitored closely when taking Champix  
- Patients should be advised to discontinue treatment and seek medical advice if they develop depressed mood or changes in behaviour, agitation or suicidal thoughts  
- Patients with renal disease can take a reduced dose

The Medicines and Healthcare products Regulatory Authority (MHRA) issues the following advice

Patients and their family or caregivers should be made aware of the possibility that trying to stop smoking might cause symptoms of depression

- Patients who are taking varenicline who develop suicidal thoughts or behaviour should stop their treatment and contact their doctor immediately  
- Varenicline should be discontinued immediately if agitation, depressed mood, or changes in behaviour are observed that are of concern for the doctor, patient, family, or caregiver  
- Patients with serious psychiatric illness did not participate in the premarketing studies of varenicline, and the safety and efficacy of varenicline in such patients has not been established. Care should be taken when prescribing varenicline to patients who have a history of psychiatric illness.

**Varenicline and Cardiovascular events**

- Smoking is a major risk factor for cardiovascular disease;  
- A recent review indicated that it may be worth investigating the link between cardiovascular events and Varenicline further, but currently there is little reason to avoid this medication on these grounds. This view is in line with European Medicines Agency that confirmed a positive benefit-risk balance Varenicline and concluded that its benefits as a smoking cessation medicine outweigh any slight increase in cardiovascular events. People with Cardiovascular disease who taken Varenicline should report to their doctor any new or worsening symptoms of cardiovascular disease. For example: shortness of breath or trouble breathing; new or worsening chest pain; new or worse pain in the legs when walking.

**Interactions**:  
- Champix has no clinically meaningful drug interactions.
**GP Prescribing protocol - Varenicline for Smoking Cessation**

Do not use Varenicline with those who are:
- Under 18 years old
- Pregnant and/or breastfeeding
- End stage renal disease

Clients using the local smoking cessation services and wishing to use Varenicline will be referred to their own GP with an accompanying letter/prescription request form. The GP will make a clinical assessment of the client to establish their suitability for Varenicline. It remains the clinical decision of each individual GP as to whether a prescription for Varenicline is issued.

**Decision to prescribe?**

- **Yes**
  - Caution: do any of the following apply?
    - Client has epilepsy
    - Client has a psychiatric illness
    - Client has heart disease
    - Client has diabetes
    - Client has COPD
    - Client has renal disease
  - Yes
  - Is the condition stable and regularly monitored?
  - No
  - Refer client back to the smoking cessation service/advisor for further advice and assessment for NRT to be considered as part of the treatment programme.

- **No**
  - A quit date is set for two weeks time and a follow up appointment should be arranged with the stop smoking advisor.
  - Prescribe Varenicline for a maximum 12 week course at 2 weekly intervals in conjunction with behavioural support and regular monitoring sessions with a smoking cessation advisor.

- **≤ 30 ml/min estimated creatinine clearance (no renal impairment, mild and moderate renal impairment)**
  - Day 1 – 3
    - 0.5mg
    - Once daily
  - Day 4 – 7
    - 0.5mg
    - Twice daily
    - (8 hours between each dose)
  - Day 8 to end
    - 1.0mg
    - Twice daily
    - (8 hours between each dose)

- **Monitor progress and reassess for any adverse events every 2-4 weeks for the 12 week treatment duration**

Please note: If full dose cannot be tolerated, lower dose to 0.5mg b.d. either temporarily or permanently depending on response.

Varenicline has black triangle status – all adverse reactions should be reported even if it is not certain that the drug caused it, if the reaction is well recognised or if other drugs are taken at the same time.

Please note: Ensure prescription is ‘Acute’ only and consider dose tapering on completion of 12-week course.

C & P Smoking Cessation Guidance 2016-17
Zyban (Bupropion®)

0.5mg, 1mg tablets

Dose: start 1–2 weeks before target stop date, initially 150 mg daily for 6 days then 150 mg twice daily (max. single dose 150 mg, max. daily dose 300 mg; minimum 8 hours between doses); period of treatment 7–9 weeks; discontinue if abstinence not achieved at 7 weeks; consider max. 150 mg daily in patients with risk factors for seizures; ELDERLY max. 150 mg daily

Contraindications:
- History of seizures or eating disorders, bipolar disorder, CNS tumour, patients experiencing abrupt withdrawal of alcohol or benzodiazepines, factors which lower the threshold for seizure such as antimalarials and antidepressants etc., sedating antihistamines, diabetes, severe hepatic cirrhosis
- Pregnancy or breastfeeding
- Patients under 18 years of age

Cautions:
- Mild to moderate renal impairment
- Monitor BP before and during treatment, especially in patients with pre existing hypertension, monitor BP weekly
- History of psychiatric illness
- Elderly maximum dose 150mg

Interactions:
MAOIs, citalopram, levodopa, amantadine, alcohol, antidepressants, antipsychotics, β blockers, class 1c antiarrhythmics, carbamazepine, phenytoin, valproate, ritonavir, theophylline, clozapine, antimalarials, tramadol, systemic steroids, sedating antihistamines, quinolones, insulin, oral hypoglycaemics, central stimulants, anorectic agents, other drugs metabolised by CYP2D6 or CYP1A2, other inhibitors or inducers of CYP2B6, other drugs known to lower seizure threshold.
**GP Prescribing Protocol - Bupropion Hydrochloride for Smoking Cessation**

Clients using the local smoking cessation services and wishing to use Bupropion Hydrochloride will be referred to their own GP with an accompanying letter/prescription request form. The GP will make a clinical assessment of the client to establish their suitability for Bupropion Hydrochloride. It remains the clinical decision of each individual GP as to whether a prescription for Bupropion Hydrochloride is issued.

**Decision to prescribe?**

Do not use Bupropion Hydrochloride with those who are/ have:
- Under 18 years old
- Pregnant and/or breastfeeding
- A history of seizures, bipolar disorder or eating disorder
- A severe alcohol or benzodiazepine withdrawal
- Severe hepatic or renal disease
- CNS tumour
- Heart disease
- Diabetes
- Using Antidepressants and/or Antimetics
- Sedating antihistamines

If yes, refer client back to the smoking cessation service/advisor for further advice and assessment for NRT to be considered as part of the treatment programme.

**Caution: do any of the following apply?**
- Client has a history of psychiatric illness
- Client has heart disease
- Client has COPD
- Has mild to moderate renal impairment

**A quit date is set for two weeks, times and a follow up appointment should be arranged with the stop smoking advisor.**

Prescribe Bupropion Hydrochloride for a maximum of 3 weeks at 2-3 weekly intervals in conjunction with behavioural support and regular monitoring sessions (including mood and blood pressure weekly) with a smoking cessation advisor.

**Day 1 - 6**: 150mg once daily

**Day 7 to end of treatment (6 weeks)**: 150mg twice daily (6 hours between each dose)

Monitor progress and reassess for any adverse events every 2-4 weeks for the 12 week treatment duration

Please note: if full dose cannot be tolerated lower dose to 0.5mg b.d. either temporarily or permanently depending on response.

Please note: ensure prescription is 'Acute' only and consider dose tapering on completion of 12-week course.

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