

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE
(JAPC)**

Derbyshire Formulary for Nicotine Replacement Therapy (NRT)

1. Supporting Smokers to stop smoking

The most effective method to quit smoking is by quitting with a Stop Smoking Service, with smokers four times more likely to quit with a service than if they go it alone. Stop Smoking Services provide evidence-based behavioural support and access to pharmacotherapy.

Smokers wishing to quit smoking should be referred to the stop smoking service for evidence-based support. However there may be some circumstances where NRT is required to be prescribed outside of the service e.g. the patient is unable to access the stop smoking service or where NRT is cautioned and the patient requires a healthcare professional such as a GP to approve the provision of NRT and provide a prescription. Where NRT is prescribed outside of the service, the reason should be recorded in the patient notes.

2. Stop Smoking Service

The local Stop Smoking Services (City Service & County Service) provide NRT through direct supply. Further details about each service can be found in the links below:

- Derby County: <http://www.livelifebetterderbyshire.org.uk/>
- Derby city: www.livewellderby.co.uk

3. Prescribing NRT outside of the stop smoking service

The local Stop Smoking Services provide NRT through direct supply to patients therefore in most cases primary care should not be required to prescribe NRT. Clinicians should also offer advice on using nicotine-containing products on general sale, including over-the-counter nicotine replacement therapy (NRT) and nicotine-containing e-cigarettes.

If NRT is required to be prescribed outside of the service, the following information should be discussed with the client prior to issuing a prescription:

- **Assess client's current readiness and ability to quit**
Ask the client if they are ready to stop smoking, if they do not feel they are ready provide them with the details of the stop smoking service for them to contact when they are ready to make a quit attempt
- **Assess past quit attempts**
Ask the client about their smoking history
- **Explain how nicotine dependence develops and assess nicotine dependence**
To assess nicotine dependence use either the Heaviness of Smoking Index or the Fagerstrom test for nicotine dependence (See appendix 1 for further details)
- **Discuss Stop Smoking Medications**
Provide information about the range of stop smoking medicines that are available (bupropion (Zyban) & NRT)
- **Inform client of withdrawal symptoms**
Ask the client about any previous withdrawal symptoms and respond appropriately to any concerns
- **Setting a quit date**
The client should commit to a date to quit smoking

3a Selecting an NRT product

The product provided to the patient should be based on the following:

Patient preference	Patients will often have an idea about a particular product, it is important to ensure patients do not have an unrealistic expectation of a particular product. A patient may have had a previous successful quit attempt with a certain product e.g. patch, or for those patients that struggle with the behavioural aspect of smoking e.g. hand to mouth action, the inhalator may be more suitable
Nicotine dependence	If a patient is classed as a more dependent smoker, based on heaviness of smoking index or fagerstrom then a higher dose product e.g., 25mg patch, 6mg gum or 4mg lozenge or mouth spray will help them more. Combination therapy should also be considered for these patients.
Patient suitability/ contraindications of particular product	Patients that suffer from skin conditions may not be suitable for the patch or those with nasal disorders will not be suitable for the nasal spray
Cost	Whilst choice of product should be based on the factors above, cost should also be considered e.g. if brand prices differ for the same product/flavour of products. Products which are more cost effective should be discussed with the client first.

The range of products should be discussed with the patient and the product selected should be justified. Further details are provided in [Appendix 2](#) including cost and maximum weekly supply.

Combination Therapy

NICE recommends combination NRT should be considered as a viable option for smokers wanting to quit. Combination therapy is a patch plus an intermittent product. It should be considered for the following clients:

- Moderate - High dependent smokers (as per Heaviness of Smoking Index or Fagerstrom test)
- Smokers who have had previous unsuccessful quit attempts

It is good practice to monitor closely how much of the oral product the patient is using, as they may not use the full quantity due to the fact it is a secondary product. The patient should only be issued with a further supply of the oral product when necessary, to avoid wastage.

Advice on e-cigarettes

Current evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free. The evidence in this area is still developing, including evidence on the long-term health impact. (NICE NG209)

More information can be found on NHS- website <https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/>

E-cigarettes are not currently available from the NHS on prescription in Derbyshire, so you cannot get one from your GP. You can buy them from reputable specialist vape shops/ pharmacies/ retailers.

[MHRA January 2020](#) reminded health care professionals to be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme. UK case definitions of e-cigarette or vaping associated lung injury are detailed in MHRA this update.

Voque has been classified as Do Not Prescribe (DNP)

3b NRT products

The most cost-effective choices for each product type should be considered the preferred choice where appropriate.

Type	Preferred choice
Patch	<ul style="list-style-type: none"> • 24hr patch- Nicotinell (21mg, 14mg, 7mg). • 16hr patch- Nicorette Invisi Patch (25mg, 15mg, 10mg). For smokers smoking less than 10 cigarettes per day, start on step 2.
Gum	<ul style="list-style-type: none"> • Nicotinell (2mg, 4mg) For those smoking 20 or more the 4mg is recommended.
Lozenges	<ul style="list-style-type: none"> • Nicotinell (1mg,) • NiQuitin (2mg, 4mg)
Inhalator	Nicorette (15mg)
S/L tab	Nicorette Microtab(2mg)*
Mouth Spray	Nicorette QuickMist (1mg)
Nasal Spray	Nicorette (0.5mg per 50iu)*

* not supplied by Live Life Better Derbyshire

3c Dosage & Frequency

A full course of NRT should be a minimum of 8 week and a maximum of 12. In order to reduce wastage and keep within budget the initial supply of NRT should be for a maximum of 2 weeks (where possible). If the patient remains quit, a further supply of NRT can be made. Additional supplies of NRT should only be made if the patient demonstrates a continuing attempt to stop smoking and remain quit.

3d Contraindications and other considerations

Information from this section is taken from the BNF. ***The Product SPC should always be referred to for the most up to date information on cautions & contraindications.***

Contraindications	<ul style="list-style-type: none"> • Under 12 years of age • Non Smoker
Special warning & precautions for use	<p>Any risks that may be associated with NRT are substantially outweighed by the well-established dangers of continued smoking.</p> <ul style="list-style-type: none"> • Diabetes mellitus- monitor blood-glucose concentration closely when initiating treatment • Pheochromocytoma • uncontrolled hyperthyroidism <p>When used by inhalation: bronchospastic disease; chronic throat disease; obstructive lung disease</p> <p>With intranasal use: bronchial asthma (may exacerbate)</p> <p>With oral use: gastritis, oesophagitis, peptic ulcers (can be aggravated by swallowed nicotine); gum may stick to and damage dentures</p> <p>With transdermal use: patches should not be placed on broken skin; patients with skin disorders.</p>
Pregnancy	<p>Liquorice flavoured gum is contraindicated in pregnancy.</p> <p>Stopping smoking is the single most effective intervention for improving the health of both the pregnant smoker and her baby, and the earlier abstinence is achieved the better.</p> <p>However, if the mother cannot (or is considered unlikely to) quit without pharmacological support, NRT may be used as the risk to the foetus is lower than that expected with smoking tobacco.</p> <p>Because of the potential for nicotine-free periods, intermittent dose forms</p>

	of NRT are preferable, but patches may be necessary if there is significant nausea and/or vomiting. If patches are used, they should be removed at night when the foetus would not normally be exposed to nicotine.
Breastfeeding	Liquorice flavoured gum is contraindicated in lactation. The relatively small amounts of nicotine found in breast milk during NRT use are less hazardous to the infant than second-hand smoke. Intermittent dose forms would minimize the amount of nicotine in breast milk and permit feeding when levels were at their lowest.
Effects on medication levels	Stopping smoking itself may affect the metabolism of some medications. The medications most commonly affected by stopping smoking include: Insulin, Warfarin, Theophylline, Clozapine. For clients taking these medications, their quit attempt should be discussed with their GP or Community Psychiatric Nurse before stopping smoking. Further information MHRA Dec2014 ; SPS What are the clinically significant drug interactions with cigarette smoking?

Reference

NICE NG209 Tobacco: preventing uptake, promoting quitting and treating dependence
<https://www.nice.org.uk/guidance/ng209>

PHE Evidence review of e-cigarettes and heated tobacco products 2018

<https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review>

SPC Nicotinell TTS transdermal Patch <https://www.medicines.org.uk/emc/product/389/smpc>

BNF accessed via medicines complete online <https://bnf.nice.org.uk/drug/nicotine.html> Dec 2019

Produced by Derbyshire Guideline Group in consultation with Derbyshire stop smoking services

Document control	Date

Appendix 1 Heaviness of Smoking Index & Fagerstrom Test of Nicotine Dependence (Taken from National Centre for Smoking Cessation Training, Standard Treatment programme, 2014)

Heaviness of Smoking Index (HSI)

1. On the days that you smoke, how soon after you wake up do you have your first cigarette?

- Within 5 minutes (3 points) 6–30 minutes (2 points)
 31–60 minutes (1 point) After 60 minutes (0 points)

2. How many cigarettes do you typically smoke per day?

- 10 or fewer (0 points) 11–20 (1 point)
 21–30 (2 points) 31 or more (3 points)



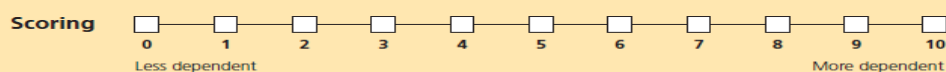
Dependence on Smoking

(based on Fagerström Test of Nicotine / Cigarette Dependence, FTND / FTCD)

This set of questions will enable us to see how dependent you are on your cigarettes.
Circle one number for each answer.

- | | |
|--|---|
| 1. How soon after you wake up do you smoke your first cigarette? | <input type="radio"/> 3 Within 5 minutes
<input type="radio"/> 2 6–30 minutes
<input type="radio"/> 1 31–60 minutes
<input type="radio"/> 0 More than 60 minutes |
| 2. Do you find it difficult to stop smoking in no-smoking areas? | <input type="radio"/> 0 No
<input type="radio"/> 1 Yes |
| 3. Which cigarette would you hate most to give up? | <input type="radio"/> 1 The first of the morning
<input type="radio"/> 0 Other |
| 4. How many cigarettes per day do you usually smoke?

<input type="text"/> per day | <input type="radio"/> 0 10 or less
<input type="radio"/> 1 11 to 20
<input type="radio"/> 2 21 to 30
<input type="radio"/> 3 31 or more |
| 5. Do you smoke more frequently in the first hours after waking than during the rest of the day? | <input type="radio"/> 0 No
<input type="radio"/> 1 Yes |
| 6. Do you smoke if you are so ill that you are in bed most of the day? | <input type="radio"/> 0 No
<input type="radio"/> 1 Yes |



Interpretation of Fagerstrom scores

Score	1-2 = low dependence 3-4 = low to moderate dependence	5 – 7 = Moderate dependence 8+ = High dependence
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Appendix 2 NRT Products: Cost and weekly dosage

Product choice should be based on patient preference and suitability, level of nicotine dependence and cost

Product Type	Brand	Name	Strength	Pack Size	Cost per pack (£)	Maximum. dose
Patch	Nicotinell	Patch 24hr	7mg	7	9.12	1 patch per day 7 per week
			14mg	7	9.40	
			21mg	7	9.97	
	Nicorette	Invisi Patch 16hr	10mg	7	11.43	
			15mg	7	11.43	
			25mg	7	11.43	
Gum	Nicotinell	Mint, Fruit gum	2mg	96	8.26	Usual dose 8 – 12 pieces per day, 56-84 per week Max. 25 pieces per day, 175 pieces per week for 2mg gum. Max.15 pieces per day, 105 pieces per week for 4mg gum
			4mg	96	10.26	
Lozenges	Nicotinell	Lozenge (Mint)	1mg	96	9.12	Usual dose 8 – 12 lozenges per day, 56-84 lozenges per week Maximum. 24 lozenges per day, 168 per week
	NiQuitin	Lozenge (Mint)	2mg	72	7.40	15 lozenges per day 105 per week
			4mg	72	7.40	
Inhalator	Nicorette	Inhalator	15mg	4	6.11	6 cartridges per day, 42 per week
				20	21.17	
				36	33.38	
Sublingual tab	Nicorette	Microtab	2mg	100	18.09	Most smokers require 8 to 12 or 16 to 24 tablets per day, not to exceed 40 tablets
Mouth Spray	Nicorette	QuickMist	1mg	1 mouth spray (13.2ml, 150 sprays)	14.24	64 sprays per day, 448 per week (150 sprays contained in each mouth spray)
Nasal Spray	Nicorette	Nasal Spray	0.5mg per 50iu	1 spray (10ml)	19.33	64 sprays per day (0.5 mg nicotine per spray 64x0.5 = 32mg per day. 100mg of nicotine per 10ml bottle)

Cost per pack- Drug Tariff January 2023