

Varenicline Referral – Pharmacist Prescriber

This client is currently attending a community stop smoking group or clinic on a weekly basis and is receiving behavioural support from a stop smoking advisor. Please would you contact them to assess suitability for varenicline (Champix) and issue a prescription if clinically appropriate.

Client Name	Date of Birth
Address	GP Practice name
I consent for this form to be sent outside the NHS for contact by a pharmacist prescriber for the purpose of assessment for suitability for Champix to be prescribed:	
Client Signature:	Date:
Telephone Number	Best time to call

Client Information

Prescriber will telephone client: <ol style="list-style-type: none"> 1. Within 2 working days of referral date for initial assessment 2. One week after 1st prescription issued to assess how client managing with Champix. 3. At 12 weeks from initial contact to check completed medication and quit status
Client must continue to attend support sessions with the stop smoking advisor.

To be completed by Stop Smoking Advisor

Advisor name	Date of client attendance	
Group/clinic/pharmacy client attending	Advisor Signature	
Advisor contact Tel no.	Advisor Fax Number:	
If the client is suitable for varenicline, the first prescription is the starter pack as detailed below. It will normally be posted to the client (although it can be faxed to the pharmacy if there would otherwise be an unacceptable delay)		
1 st script = Starter Pack	11 x 0.5mg tablets and 14 x 1mg tablets	2 weeks supply (25 tablets)
Once the starter pack is issued, the prescriber will normally contact the client after one week to check progress. If appropriate to continue, the prescriber will then post three further prescriptions to the pharmacy to be issued as follows:		
2 nd script = 1mg twice daily MAINTENANCE	2 weeks (28 tablets)	
3 rd script = 1mg twice daily MAINTENANCE	4 weeks (56 tablets)	
Final script = 1mg twice daily MAINTENANCE	4 weeks (56 tablets)	

*******FAX TO: 0872 110 6952*******