

Appendix 2 Pro-forma for Supply of Varenicline

The following information to be collected at the initial session and to be recorded on PharmOutcomes either live or within 48 hours of supply. You will also require info from the referral letter.

Medication supplied must be labelled “Supplied under PGD” and a record kept on client’s PMR.

All Supplies:

Client Name		DOB (18+yrs)		Contact Phone	
Address		GP Name		GP Practice	
		Levy/Exempt	Evidence Seen?		Levy Paid?
Pharmacist		Date			

Initial Supply:

Checklist	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
Exclusions: Is / Does the Service User			
<i>hypersensitive to Varenicline or any of its excipients?</i>			
<i>experienced serious allergic or skin reaction from Varenicline?</i>			
<i>pregnant or breast feeding?</i>			
<i>already receiving Varenicline from the GP?</i>			
<i>on another smoking cessation pharmacotherapy or Electronic Nicotine Delivery System?</i>			
<i>suffer from renal impairment/has end stage renal disease?</i>			
<i>suffer from epilepsy or has a history of fits/seizures?</i>			
<i>a substance misuse Service User?</i>			
<i>experienced serious or significant side effects from previous course of Varenicline</i>			
<i>have active psychiatric illness? Received medical treatment for this in last 12 months?</i>			
<i>Have schizophrenia or schizoaffective disorder?</i>			
<i>If on any other medication? (refer to section 2.4 of the PGD)</i>			
<i>Special circumstances / other relevant notes:</i>			

Only make a supply if you are certain that to the best of your knowledge it is appropriate to do so.

Medication supplied:	Yes / No	Product supplied?	Titration pack/ follow on supply of 0.5mg/ follow on supply of 1mg
Recorded on PMR and labelled “supplied on PGD”		Batch No & Expiry Date	

Special Circumstances and any other notes:

Service User Consent:

The Service User has consented to treatment and follow up and for details to be shared with GP, Stop Smoking Provider, Local Authority and any other relevant third party organisation.

Treatment should not proceed if the Service User does not consent to ALL of the above. A signature is required if not recording live on PharmOutcomes, otherwise electronic consent is acceptable.

See overleaf

Subsequent Supplies Please note: these questions must be recorded at each subsequent supply

Checklist at first subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at second subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at third subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at fourth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			
Checklist at fifth subsequent supply	Yes	No	Notes
<i>Has the service user provided original, fully completed referral letter from accredited Stop Smoking Provider?</i>			
<i>Have any circumstances changed since last appointment which might affect suitability of Varenicline ▼ see exclusions</i>			
<i>Has the client had any side effects from medication?</i>			
If client has had serious adverse effect record actions taken			

If client is continuing treatment beyond 12 weeks Commissioner authorisation required and pharmacy to record interactions on the “supplies beyond 12 weeks” ProForma (available as separate document)