PATIENT GROUP DIRECTION (PGD)
For the supply of
VARENICLINE ▼ (CHAMPIX ®)
BY AUTHORISED PGD ACCREDITED COMMUNITY
PHARMACISTS WORKING IN NORTH YORKSHIRE

Version 1.0
Issued on: 1st January 2016
Expiry date: 31st January 2018

PATIENT GROUP DIRECTIONS – under Human Medicines Regulations 2012
A PGD is a specific written instruction for the supply or administration of named medicines in an identified clinical situation. It applies to groups of patients or other service users who may not be individually identified before presentation for treatment. It is drawn up locally by doctors, pharmacists and other appropriate professionals, and authorised by the relevant appropriate body.

Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Changes from previous approved PGD</th>
<th>Date of review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil – this is the first version</td>
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</tbody>
</table>
1. Characteristics of persons authorised to operate this PGD

<table>
<thead>
<tr>
<th>Qualification required</th>
<th>Accredited pharmacists in an approved community pharmacy. Pharmacists must be registered with the General Pharmaceutical Council (GPhC).</th>
</tr>
</thead>
</table>
| Training requirements | • Pharmacists wishing to supply prescription only medicines (POMs) via a Patient Group Direction (PGD) must complete face to face PGD training provided by Solutions4Health and stay up to date accessing on line modules e.g. NCSCT (accessed via CPPE). [CPPE declaration of competence](#)  
  • Understands the legislation surrounding and is competent to work under PGDs.  
  • Understands their professional duties in terms of confidentiality.  
  • Has read and understood this PGD and ideally has assessed themselves as competent using the [NICE Competency Framework for health professionals using Patient Group Directions](#) [NICE PGD resources](#)  
  • Has completed the Solutions4Health pre-reading to include: [NCSCT service and delivery guidance](#); varenicline SPC; [BMJ systematic review](#); [NICE PGD guidance](#); [NCSCT varenicline: effectiveness and safety](#) (see also further reading).  
  • Accepts personal responsibility for working within the PGD, understands the legal implications of doing so and works within the scope of the PGD. |

*It is the responsibility of the individual to keep up to date with any changes to manufacturer’s literature or other changes to guidance that may affect this PGD or the operation of PGDs generally.*

Pharmacists are working as part of the wider healthcare team providing support for smoking cessation and should not feel isolated. Pharmacists can contact Solutions4Health colleagues for advice.

2. Clinical Condition to which the PGD applies

<table>
<thead>
<tr>
<th>Define situation/condition</th>
<th>Supply of varenicline by accredited community pharmacists to patients accessing smoking cessation services through Solutions4Health (S4H) in accordance with S4H Service Level Agreement (SLA), as commissioned by NYCC.</th>
</tr>
</thead>
</table>
| Criteria for inclusion      | Patient meets **all** the following criteria:  
  • Dependent tobacco users identified as sufficiently motivated to quit with varenicline▼ or are allergic to nicotine or any excipients of nicotine replacement therapy products.  
  • Patients aged 18 and over  
  • The patient agrees to receive weekly **behavioural support** according to the agreed protocol.  
  • A full medical history is taken and documented and there are... |
no contraindications or cautions for treatment with varenicline▼ (see Criteria for exclusion and referral).
- Patient consent has been obtained and recorded. Patient has consented for information to be shared with GP and recorded on S4H patient assessment form and emailed or securely faxed to GP within 72 hours of supply, as per the instructions on the supplementary forms.

### Criteria for exclusion

<table>
<thead>
<tr>
<th>Patient is excluded for one or more of the following reasons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco users not sufficiently motivated to quit or use varenicline▼.</td>
</tr>
<tr>
<td>Patient has had an unsuccessful attempt to quit using varenicline ▼ on the programme in the last 12 months</td>
</tr>
<tr>
<td>Patient under 18 years of age</td>
</tr>
<tr>
<td>Hypersensitivity to varenicline▼ or any of the product excipients. (check manufacturer’s SPC for details)</td>
</tr>
<tr>
<td>Patients with a history of, or current, moderate or severe renal impairment</td>
</tr>
<tr>
<td>Pregnant or breastfeeding women</td>
</tr>
<tr>
<td>Valid consent not provided.</td>
</tr>
<tr>
<td>Patient not registered with a GP</td>
</tr>
<tr>
<td>No consent to share information with GP.</td>
</tr>
<tr>
<td>Other smoking cessation therapies currently being used by the patient.</td>
</tr>
<tr>
<td>Patients with current (or a history of) psychiatric illness such as schizophrenia, bipolar disorder and major depressive disorder. Refer to BNF, under varenicline section, in particular the MHRA / CHM advice. If this applies, refer to GP.</td>
</tr>
<tr>
<td>Patients with a history of seizures or with other conditions that lower the seizure threshold.</td>
</tr>
<tr>
<td>Patients with a history of cardiovascular disease</td>
</tr>
<tr>
<td>Patient is taking methadone</td>
</tr>
</tbody>
</table>

### Action if patient declines or is not suitable based on exclusion criteria

Discuss alternative treatment options if suitable and/or offer a referral to their GP to provide varenicline under their supervision if clinically appropriate. Ongoing behavioural support can continue with the S4H advisor.

### 3. Description of treatment

<table>
<thead>
<tr>
<th>Name of treatment</th>
<th>Varenicline▼ (Champix®) 0.5mg film coated tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varenicline▼ (Champix®) 1mg film coated tablets</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal status of medicine</th>
<th>Prescription Only Medicine (POM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Triangle ▼</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Route of administration | This is an oral formulation (tablet). |</p>
<table>
<thead>
<tr>
<th><strong>Dose and frequency of administration</strong></th>
<th>Smokers should set a date to stop smoking and treatment with varenicline▼ should commence 1 to 2 weeks <strong>before</strong> this date.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1-3</strong> : 0.5mg (white tablets) once a day</td>
<td></td>
</tr>
<tr>
<td><strong>Day 4-7</strong> : 0.5mg twice a day</td>
<td></td>
</tr>
<tr>
<td><strong>Day 8 – end of treatment</strong> : 1mg (blue tablets) twice a day (can be reduced to 0.5mg twice a day if not tolerated due to adverse effects)</td>
<td></td>
</tr>
</tbody>
</table>
| Varenicline dose tapering can be commenced at week 10 to be completed by week 12 (if client agrees). Consider supply of a starter pack at reverse dosage, with clear instructions, where patient takes:  
  - one week of varenicline 1mg twice daily  
  - THEN 0.5mg twice daily for four days  
  - THEN one 0.5mg tablet once daily for three days |  |
| The total period of treatment is 12 weeks and cannot be exceeded beyond 12 weeks. If patient requires further stop smoking intervention after 12 weeks, they should be referred to their GP. |  |
| Tablets should be swallowed whole with plenty of water and can be taken with or without food (this will help minimise possible nausea) |  |
| **Duration of treatment** | The period of treatment is 12 weeks. |
| **Contra-indications** | Known hypersensitivity to the active substance or any of the excipients, see **SPC**.  
See also exclusion criteria. |
| **Cautions** | Caution should be exercised in patients taking cinacalcet, ropinirole, theophylline, warfarin or insulin due to potential changes in pharmacokinetics following smoking cessation – GP must be informed that dose adjustment / closer monitoring of these drugs may be required once quit achieved. Patients on insulin should be advised to monitor their blood glucose closely. |
| **Drug interactions** | Trial data shows no clinically meaningful drug interactions.  
No dosage adjustment of varenicline▼ or co-administered medicinal products is recommended.  
Consult **manufacturer’s SPC** for further information.  
It should be noted that the metabolism of some drugs will be... |
affected if a patient stops smoking, as cigarette smoke interacts with some medicines by stimulating the cytochrome P450 enzymes (particularly CYP1A2). The medicines in which this is of clinical importance are: warfarin, theophylline, cinacalcet, ropinirole, methadone, insulin, and some antipsychotics including chlorpromazine, clozapine, and olanzapine. (see Inclusion and Exclusion criteria for this PGD and UKMI Q&A 136.4 in References)

### Side effects

Very common and common side effects include:

- GI disturbances (including nausea which affects about 30% of patients - this can be reduced by taking the tablet after food and with a full glass of water)
- Nasopharyngitis, bronchitis, sinusitis
- Dyspnoea, cough
- Sleep disorders, abnormal dreams, insomnia
- Headache
- Appetite changes, increased weight, decreased weight
- Dry mouth, taste disturbances
- Drowsiness
- Dizziness, rash, pruritus
- Chest pain, fatigue
- Arthralgia, myalgia, back pain

Abnormal liver function tests are also reported as a common event.

For the full list of side effects refer to the varenicline SPC

**Important:**

Depressed mood may be a symptom of nicotine withdrawal. Depression, rarely including suicidal ideation and suicide attempt has been reported in patients while undergoing a smoking cessation attempt. Individuals taking varenicline should be told to stop treatment and contact their doctor immediately if they develop suicidal thoughts or behaviour.

Varenicline should be stopped immediately if agitation, depressed mood, or changes in behaviour are observed that are of concern to the patient, family, or caregivers. The safety and efficacy of varenicline in people with serious psychiatric illness have not been established. People who have a history of psychiatric illness cannot be treated with varenicline under this PGD.

See also “Advice to patients” below
<table>
<thead>
<tr>
<th>Quantity to supply</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Consultation (initial) – 2 weeks (starter pack of 0.5mg x 11 tablets and 1mg x 14 tablets)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Consultation – 2 weeks (1mg or 0.5mg x 28 tablets)</td>
</tr>
<tr>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Consultation – 2 weeks (1mg or 0.5mg x 28 tablets)</td>
</tr>
<tr>
<td></td>
<td>4&lt;sup&gt;th&lt;/sup&gt; Consultation – 2 weeks (1mg or 0.5mg x 28 tablets)</td>
</tr>
<tr>
<td></td>
<td>5&lt;sup&gt;th&lt;/sup&gt; Consultation – 2 weeks (1mg or 0.5mg x 28 tablets)</td>
</tr>
<tr>
<td></td>
<td>6&lt;sup&gt;th&lt;/sup&gt; Consultation – 2 weeks (1mg or 0.5mg x 28 tablets)</td>
</tr>
<tr>
<td>Storage</td>
<td>Blisters: Store below 30°C HDPE Container: This medicinal product does not require any special storage conditions</td>
</tr>
<tr>
<td>Labelling</td>
<td>The product must be labelled as for a dispensed medicine and bear all relevant cautionary wording as stated in the BNF. Titration packs must bear the instruction to “take as directed on enclosed leaflet” and other packs to “Take one tablet twice a day”</td>
</tr>
<tr>
<td>Reporting Adverse Drug Reactions (ADRs)</td>
<td>Varenicline ▼ is a black triangle (▼) medicine. As such all actual or suspected adverse reactions must be reported to the Commission on Human Medicines via the Yellow Card Scheme. (see the back of the BNF for details or report online at <a href="#">Yellow Card</a>) An adverse reaction must be reported even if it is not certain that the drug has caused it, or if the reaction is well recognised, or if other drugs have been given at the same time. ADR’s must also be reported to SOLUTIONS 4 HEALTH and the patient’s GP and recorded in the client’s record.</td>
</tr>
<tr>
<td>Advice to patients</td>
<td>The patient should be informed of the risks and benefits of using varenicline to support a smoking cessation attempt in order that the client can make an informed decision. Advice to patients should include specific advice on dosage, method of administration and side effects of varenicline. Patients should be made aware of the following possible adverse reactions: MHRA / CHM advice: Suicidal behaviour and varenicline ▼ Patients should be advised to discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood or suicidal thoughts. It is important that patient be encouraged to declare any current or history of mental illness (see information on exclusion</td>
</tr>
</tbody>
</table>
criteria). Pharmacists should be aware of the possible stigma associated with the declaration of such conditions and therefore ensure that the patient has sufficient privacy during the initial consultation to facilitate such conversations.

Cardiovascular symptoms
Patients should inform their GP of any new or worsening cardiovascular symptoms, and seek urgent medical attention if they experience signs or symptoms of myocardial infarction or stroke.

Hypersensitivity reactions
If the patient experiences swelling of the face, mouth, neck or extremities, whilst taking varenicline, they should discontinue treatment and seek medical advice immediately.

Cutaneous reactions (rare)
If the patient develops a rash or skin reaction whilst taking varenicline, they should discontinue treatment and seek medical advice immediately.

Varenicline may enhance the effects of alcohol.

It is important to make sure that the patient understands the following points:
1. Varenicline is not a *magic cure*: effort and determination are crucial;
2. It works by acting on the parts of the brain which are affected by nicotine in cigarettes;
3. It does not remove all the temptation to smoke, but it does make abstinence easier (it takes the edge of the discomfort by reducing the severity of tobacco withdrawal symptoms such as craving to smoke, irritability, poor concentration and low mood);
4. Varenicline is considered safe, but about a third of patients may experience mild nausea usually about 30 minutes after taking it. This reaction often diminishes gradually over the first few weeks, and most patients tolerate it without problems.
5. If the patient is finding the side effects intolerable, they should seek advice from their S4H advisor or pharmacist.

The following general advice should also be given:
• The importance of follow-up and how to obtain further supplies
• Possible changes in the body on stopping smoking e.g. weight gain
• Varenicline may cause drowsiness. If affected, the patient should be advised not to drive or operate machinery
• Patients on insulin should monitor their blood glucose closely
• If the patient forgets to take varenicline, they should not take a double dose to make up for the one they missed. It is
important they take the medication regularly and at the same
time each day. If they have forgotten to take a dose, they
should take it as soon as they remembered but if it is almost
time for the next dose they should not take the tablet they
have missed
At the end of treatment, discontinuation of varenicline has
been associated with an increase in irritability, urge to
smoke, and/or insomnia in up to 3% of patients.
The major reasons for varenicline failure are:
- Unrealistic expectations;
- Lack of preparation for the fact that tablets may cause
  nausea;
- Insufficient support from trained smoking cessation advisor

| Informed Consent | Patient must be informed that information relating to the supply
|                  | of varenicline▼ under a PGD needs to be passed to other
|                  | health service organisations, in particular their GP and S4H to
|                  | ensure proper record keeping and patient safety. |

| Record keeping   | Record keeping entries should be made on PharmOutcomes
|                  | and should include:
|                  | ● Patient’s name, address, date of birth and GP details
|                  | ● Date supplied & name of the pharmacist who supplied the
|                  | medication
|                  | ● Batch number and expiry date
|                  | ● Reason for inclusion
|                  | ● Advice given to patient
|                  | ● Details of any adverse drug reaction and actions taken
|                  | including documentation in the patient’s medical record
|                  | via GP
|                  | ● A record of the supply must be made on the pharmacy
|                  | patient medication record system

Following the last consultation, the Record of Supply (Form 1)
and the original Assessment Proforma (Form 3) must be
retained by the pharmacy for at least two years.

Pharmacies must participate in annual clinical audit if requested
by the service provider.

| Documents to be used in conjunction with the PGD | See Appendix 1 |
### Further reading for pharmacists

<table>
<thead>
<tr>
<th>Reference</th>
<th>Details</th>
</tr>
</thead>
</table>
### 4. Authorisation of PGD

**NORTH YORKSHIRE COUNTY COUNCIL AUTHORISATION OF PATIENT GROUP DIRECTION FOR THE SUPPLY OF Varenicline for smoking cessation by community pharmacies**

**Clinical authorization**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title and organisation</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Asiya Kaiser</td>
<td>Clinical Lead, Solutions4Health</td>
<td></td>
<td>17/12/15</td>
</tr>
<tr>
<td>Darush Attar-Zadeh</td>
<td>Lead Pharmacist and Trainer, Solutions4Health</td>
<td></td>
<td>17/12/15</td>
</tr>
<tr>
<td>Rachel Ainger</td>
<td>Public Health Pharmacist Prescribing Support Services</td>
<td></td>
<td>17.12.15</td>
</tr>
<tr>
<td></td>
<td>working with NYCC</td>
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</tbody>
</table>

**Commissioner authorisation**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title and organisation</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Lincoln Sargeant</td>
<td>Director of Public Health North Yorkshire County Council</td>
<td></td>
<td>18/12/15</td>
</tr>
</tbody>
</table>

**Version control**

- **PGD comes into force:** 1 January 2016
- **PGD expires:** 31 January 2018

**Version** 1.0

### 5. PGD development team

- Darush Attar-Zadeh, Pharmacist & National Trainer Smoking Cessation
- Dr Asiya Kaiser, Clinical Lead, Solutions4Health
- Rachel Ainger, Public Health Pharmacist
- Leena Sankla, Director, Solutions4Health
6. References


UK Medicines Information (UKMI) bulletin Q&A 136.4 Which medicines need dose adjustment when a patient stops smoking? August 2012

Varenicline for smoking cessation. NICE technology appraisal TA 123, July 2007; accessed December 2015 at www.nice.org.uk

Smoking cessation services. NICE Public Health Guidance 10; last updated Nov 13; accessed December 2015 at www.nice.org.uk
7. AUTHORISATION OF NAMED PHARMACISTS TO OPERATE UNDER THIS PGD

Agreement by Pharmacist

Authorisation
This Patient Group Direction gives authority for:

------------------------------------------------------------------------------------------------------------------
(PRINT NAME of APPROVED PHARMACIST)
To supply varenicline (Champix®) 0.5mg and 1mg to patients
------------------------------------------------------------------------------------------------------------------
(NAME OF PHARMACY)
------------------------------------------------------------------------------------------------------------------
(ADDRESS)

Requirements for a participating pharmacist

- To have satisfactorily completed the required training
- To have been accredited as an approved practitioner within this scheme
- To have been advised to have appropriate indemnity insurance
- To maintain clinical knowledge appropriate to their practice by attending relevant study days or completing courses and to make themselves aware of appropriate current literature such as the latest SPC
- To act as an approved practitioner within the terms of the Patient Group Directions and Proformas and to supply accordingly
- To work in an approved pharmacy

Solutions 4 Health (Smokefree North Yorkshire) will accept responsibility for only the accuracy and clinical content of the Patient Group Direction and Assessment Proforma.

Pharmacist declaration
I have received, read and fully understand the following documents:
1. The general policy on pharmacist supply under Patient Group Directions issued by Solutions4Health
2. The relevant Patient Group Direction
3. The forms associated with Patient Group Direction

I have received the training which approved practitioners must undertake before being authorised to supply varenicline under the relevant Patient Group Direction.

I agree to act as an approved practitioner within the terms of the Patient Group Direction and Assessment Proforma and to supply accordingly.

I understand that by agreeing to act as an approved practitioner under the Patient Group Direction and Service Level Agreement I am adjusting my scope of professional practice.

Pharmacist Signature: ____________________ Date: ___________
Appendix 1: Supporting documents for this PGD

- SmokefreelifeNorthYorkshire02 Flow chart for supply only and supply/advice
- SmokefreelifeNorthYorkshire03 Policy of supplying Varenicline under a PGD for smoking cessation
- SmokefreelifeNorthYorkshire Form 1 – The PGD Varenicline supply only form (Pharmacy use only)
- SmokefreelifeNorthYorkshire Form 2 – The GP & S4H notification of supply form (Pharmacy use only)
- Form 3 Assessment proforma – complete via PharmOutcomes
- SmokefreelifeNorthYorkshire Form 4 – Patient assessment form (Advisor use only – for information)
- SmokefreelifeNorthYorkshire Form 5 – Pharmacist letter of recommendation (Advisor use only)
- SmokefreelifeNorthYorkshire Form 5a – Letter of recommendation for follow up supplies only (Advisor use only – for information)
- Monthly claims – complete via PharmOutcomes

See notes within the PGD regarding retention of information.