

1. Introduction

This formulary is a list of medicines that are available for use as part of NYCC's Stop Smoking Service. It is intended to support product choice by providers who are commissioned directly by NYCC to deliver specialist smoking cessation services.

- Formulary choices are listed in section 2. For full prescribing information, please refer to manufacturers' Summary of Product Characteristics (SPC). It is recommended to be used and incorporated into provider's product choice pathways/documentation.
- There is no evidence to suggest one type of Nicotine Replacement Therapy (NRT) is more effective than another. **Therefore product selection should be guided by clinical assessment, patient need, tolerability and cost-effectiveness.**
- The chances of stopping smoking are increased when NRT is used in a combination of nicotine patch plus a faster acting form and is further enhanced when provided with behavioural support.
- Varenicline tablets are an effective alternative to NRT with behavioural support. It requires a more detailed assessment to determine client suitability.

Evidence review recommends:

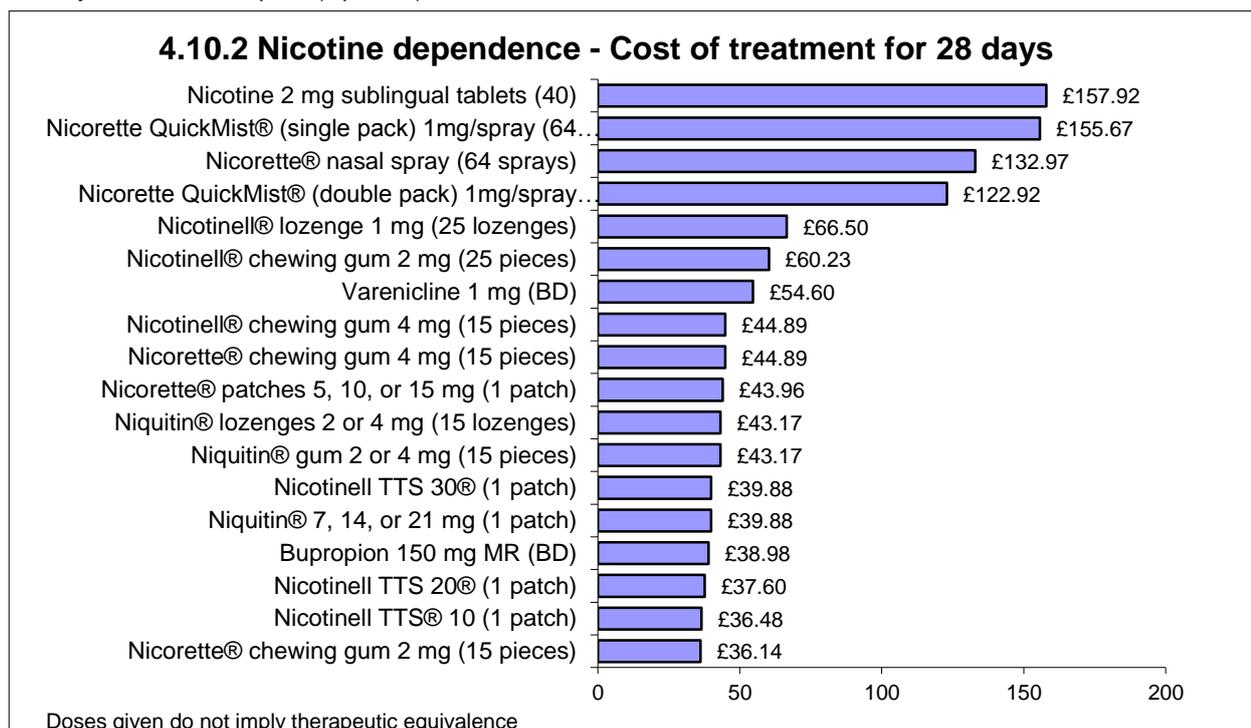
1st line: NRT patch plus short acting agent + behavioural advice (most effective)

1st line (alternative): Varenicline + behavioural advice (most cost-effective)

2nd Line: Bupropion

(Pharmacotherapy to be provided as part of a programme of behavioural support)

The Regional Drug & Therapeutics Centre (Newcastle) has produced cost comparison chart that lists the weekly costs of therapies (April 18)



2. Formulary list of pharmaceutical products:

NRT includes patches (24hr and 16hr), gum, lozenge, inhalator, microtab, nasal spray and oromucosal spray. **Form choice** should reflect patient needs, tolerability and cost considerations. The formulary reflects the most cost effective brand for each presentation, strength and flavour (See Table 1). Prices will be based on April 2019 Drug Tariff prices and updated every 6 months.

1st LINE: – Nicotine Replacement Therapy (See Table 1)

Offer NRT patch plus short acting agent (e.g. gum or lozenge) as a first line.

- If patients cannot tolerate gum/lozenges, or these are unsuitable then offer alternative short acting product, such as the inhalator.
- The nasal spray, oromucosal spray and sub-lingual tablets **should only** be offered to patients after other short acting forms of NRT have been tried or are unsuitable.

Table 1: NRT Formulary products & corresponding brand (April 2019 NHS Drug Tariff Prices)

Presentation	Strength	Brand	Flavour / pack size	Indication
Transdermal Patches: 24 hour	7mg, 14mg, 21mg	Nicotinell Or equivalent	N/A	Relieve and/or prevent cravings and nicotine withdrawal symptoms. Patches cannot be used for relief of acute cravings)
	: 16 hour	10mg,15mg, 25mg	Nicorette Or equivalent	
Gum	2mg	Nicorette Nicotinell	Freshmint/ Fruitfusion/Icy White / Fruit/Mint /original Pack size (96's)	To be chewed when the user feels the urge to smoke.
	4mg	Nicorette, Nicotinell	Freshmint/ Fruitfusion/Icy White/ Fruit/Mint/original Pack size (96's, 105's)	
	6mg	Nicorette	Fruitfusion Pack size (105)	
Lozenges	1.5mg, 4mg	NiQuitin Minis	Mint Pack size (20's, 60's)	Relief of nicotine withdrawal symptoms including cravings.
	1mg, 2mg	Nicotinell NiQuitin	Mint Pack (36's, 72's, 96's)	
	2mg	Nicorette Cools	Pack size (20's, 80's)	
	4mg	NiQuitin	Mint/ Menthol mint/ original. Pack size (36's, 72's)	
Inhalation Cartridge (Inhalator)	15mg	Nicorette	N/A	Useful for patients who need "as required" craving control.
Nicotine mouthspray	1mg/dose	Nicorette QuickMist	13.2ml or 26.4ml (13.2 ml pk = 150 doses)	Useful for patients who need "as required" craving control.
Nicotine nasal spray	500mcg/dose	Nicorette Or equivalent	10ml	
Nicotine sublingual tablet	2mg	Nicorette Microtab	100 tablet pack	

Alternative 1st line choice: - Varenicline (Champix)

- Varenicline is an alternative first line option for those in whom NRT is unsuitable.
- It is available as Treatment initiation packs, 0.5mg tablets and 1mg tablets (See Table 2).
- Treatment with varenicline begins 1 week before the quit date.

Table 2: Available packs of Varenicline

Presentation	Brand
Varenicline 0.5mg + Varenicline 1mg tablets (11x0.5mg +14x1mg) 25 tablet pack (11x0.5mg +14x1mg + 28x1mg) 53 tablet pack	Champix 0.5mg/1mg 2week treatment initiation pk Champix 0.5mg/1mg 4week treatment initiation pk
Varenicline 1mg tablets (28 pack)	Champix 1mg tablets (28 tablet pack)
Varenicline 0.5mg tablets (28 pack)	Champix 0.5mg tablets (28 tablet pack)

2nd Line Choice

Bupropion is included as second-line alternative to varenicline.

Bupropion (Zyban) – available as: 150mg modified release tablets (60 tablet pack size)

Prescribing Points:

- The 24-hour patches may be more suitable for those who experience cravings within the first 30 minutes of waking. The 16hr patch should normally be applied on waking and removed on retiring to bed. Its use may help avoid the vivid dreams and sleep disturbance, which may be associated with the 24hr patches. Patches should be applied to dry non-hairy skin. The site of application should be rotated, avoiding the same area for several days.
- If gum is used, it may be offered on a fixed dose or ad lib basis. For highly dependent smokers, or those who have failed with 2 mg gum, 4 mg gum should be offered. Gum should be chewed slowly when the individual feels the urge to smoke. When the taste becomes strong the gum should be 'parked' between the gum and cheek until the taste subsides after which it should be re-chewed. The gum will become exhausted after about 30 minutes.
- If lozenges are used, suck lozenge until taste becomes strong, then rest lozenge between gum and cheek. Repeat once the taste fades.
- Provide short duration supplies/prescriptions (fortnightly) in early stages of the quit attempt. This can be linked to motivational support and will help reduce potential wastage.
- All types of licensed nicotine-containing products are available to people who smoke, as part of a structured quit attempt (either singly or in combination). Take into account their preference and level of dependence.
- Clients wishing to use an unlicensed nicotine containing product (such as e-cigarettes) to quit **can** access NYCC stop smoking services to receive behavioural support. However advisors currently cannot supply or give specific advice on e-cigarette products (until these products have MHRA licensing).

References:

1. Stead, L.F., Perera, R., Bullen, C., Mant, D., Hartmann-Boyce, J., Cahill, K., Lancaster, T. (2012) Nicotine replacement therapy for smoking cessation (review). <https://www.ncbi.nlm.nih.gov/pubmed/23152200>
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