Nicotine replacement therapy guideline and product formulary

If you require this document in an alternative format, i.e. easy read, large text, audio, Braille or a community language please contact the pharmacy team on 01243 623349 (Text Relay calls welcome)
Nicotine replacement therapy guideline and product formulary

Nicotine-containing products that are licensed have been given marketing authorisation by the Medicines Health Regulatory Authority (MHRA), such as nicotine replacement therapy (NRT) and e-cigarettes. Apart from E-voke®, all other e-cigarette brands are currently unlicensed and the government is in the process of reviewing these products through the MHRA licensing process. As new evidence of safety and efficacy emerges, as well as further information around the licensing of e-cigarettes, the Trust will review its position on the use of these products.

NRT aims to reduce motivation to smoke and the physiological and psychomotor withdrawal symptoms often experienced during an attempt to stop smoking. This therefore increases the likelihood of remaining abstinent.

NRT is safe and effective. When provided on prescription and used in isolation (without additional behavioural support) it approximately doubles the chances of long-term abstinence from cigarettes. There are seven different types of NRT: patch, gum, lozenge, microtab, nasal spray, oral spray and inhalator. There is no evidence to suggest that one type of NRT is significantly more effective in practice than another so product selection should be guided by patient preference.

A combination of NRT products (combination therapy) has been shown to have an advantage over using just one product. It is also considered cost-effective. Stop smoking service providers should therefore routinely offer patients a combination of transdermal patches with a fast-acting product i.e. inhalator, tablets or mouthspray.

Nicotine Replacement Therapy with special population groups

Adolescents aged 12 and over, pregnant women and people with cardiovascular disease

NRT can be used by adolescents aged 12 and over, pregnant women and people with cardiovascular disease.

Patients with mental illness

Smoking levels are twice the national average in people with mental illness. Smoking cessation treatments that work in the general population work for those with severe mental illness and appear approximately as effective. Additionally, treating tobacco dependence in patients with stable psychiatric conditions does not worsen their mental state. Although people with mental illness are just as likely to want to stop smoking as the general population, effective smoking cessation treatments are not always offered to them. Combining pharmacotherapy with other support such as counselling can increase abstinence rates in those with mental health problems to rates similar to those of the general population.

Heavy Smokers

Heavier smokers are defined as those who smoker more than 20 cigarettes per day. Heavy smokers often require more intensive pharmacological and non-pharmacological interventions.

Nicotine Replacement Therapy Recommendations for Use

- All products and dose regimens described are for use in children aged 12 and over and adults aged 18 and over
- Offer a combination of patches and either the inhalator, mouth spray or lozenges.
- Usually length of treatment is up to three months
- Smoking cessation can have an effect on prescribed medication. For further information, read the Trust guidance ‘Smoking Cessation – Effect on Psychotropic Medication including Clozapine’

http://www.sussexpartnership.nhs.uk/node/1527/attachment
**Offer a combination of patches and inhalator or mouth spray or lozenges**

<table>
<thead>
<tr>
<th>Product</th>
<th>Dose</th>
<th>Correct use</th>
<th>Very common side effects (&gt;1/10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch 15,16,17</td>
<td><em>Individuals who smoke more than 10 cigarettes per day</em> (cpd):</td>
<td>Should be applied on waking to dry, non-hairy skin on the hip, trunk or upper arm and held in position for 10-20 seconds to ensure adhesion. Remove old patch before applying a new patch. Place next patch on a different site and avoid using the same site for seven days. Sleep disturbance (insomnia and abnormal dreams) may occur with 24 hr patch.</td>
<td>Skin reactions are common at the site of application and can include burning, swelling, rash, pain and irritation. Most resolve within 48 hours once the patch is removed. Patients who experience excessive side effects that do not resolve within a few days should change to a lower strength patch. Use with caution in patients with skin disorders.</td>
</tr>
<tr>
<td>Nicorette® pack of 7 patches</td>
<td>£10.37  <em>Nicorette® Invisi 16 hour patch</em>: 25mg for 8 weeks then 15mg for 2 weeks then 10mg for 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicorette® pack of 7 patches</td>
<td>£9.97  <em>NiQuitin CQ® Clear 24 hour patch</em>: 21mg for 6 weeks then 14mg for 2 weeks then 7mg for final 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicorette® pack of 7 patches</td>
<td>£10.37  <em>Nicorette® Invisi 16 hour patch</em>: 25mg for 8 weeks then 10mg for 4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicorette® pack of 7 patches</td>
<td>£9.97  <em>NiQuitin CQ® Clear 24 hour patch</em>: 14mg for 6 weeks then 7mg for 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalator 4,15,18</td>
<td><em>Nicorette® 15mg Inhalator</em></td>
<td>Insert the cartridge into the device and draw air through the mouthpiece. Minimal nicotine reaches the lungs as the nicotine is vapourised and absorbed by the buccal mucosa. In this way, the more effective technique is to hold the vapour in the oral cavity (like smoking a cigar) rather than inhaling the vapour (like smoking a cigarette). Each session can last for about 5 minutes. A single 15mg cartridge lasts for approximately 40 minutes of intense use.</td>
<td>Nausea, hiccups, cough, throat irritation, stomatitis, headache. Care should be taken in patients with chronic throat disease, obstructive lung disease or bronchospastic disease.</td>
</tr>
<tr>
<td>Pack of 36 cartridges (£24.03) should last six days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicorette Quickmist® 1mg/metered dose</td>
<td>1 x 13.2ml spray (£12.12) should last 2½ days</td>
<td>Once primed, point the spray nozzle as close to the open mouth as possible (to avoid the lips) and release one spray into the side of the mouth. If using the spray for the first time or if the spray has not been used for 2 days, the spray pump must first be primed: 1. Point the spray safely away from the user or other persons. 2. Press the top of the device 3 times until a fine spray appears. Do not inhale while spraying. Do not swallow for a few seconds after spraying.</td>
<td>Nausea, hiccups, cough, throat irritation, stomatitis, headache, dyspepsia, localised numbness where the spray is administered.</td>
</tr>
<tr>
<td>Mouth Spray 4,15,19</td>
<td><em>NiQuitin® Minis 1.5mg &amp; 4mg lozenges</em></td>
<td>Lozenges should be allowed to slowly dissolve in the mouth. Periodically move the lozenge from one side of the mouth to the other. Lozenges last for 10-30 minutes, depending on their size.</td>
<td>Headache, cough, hiccups. Irritation in the mouth and throat (during the first few days of treatment). Most patients will get used to this sensation after the first few days. Common side effects include diarrhoea, dysphagia, oesophagitis, mouth ulcers, bloating, flatulence.</td>
</tr>
<tr>
<td>Pack of 60 lozenges (£9.57) should last four days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Smoking cessation guidance and product formulary**
References

https://www.nice.org.uk/guidance/qs92/resources/smoking-harm-reduction-2098965681349
accessed 27/07/2016
http://www.mhra.gov.uk/ accessed 11/01/2017
https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products accessed 11/01/2017
4. Department of Health Local Stop Smoking Services. Service delivery and monitoring
contraceptive use accelerate nicotine metabolism’. Clinical Pharmacology and Therapeutics
79:480–8
therapy for smoking cessation.’ Cochrane Database of Systematic Reviews 2008(1):CD000146
cotinine in pregnant smokers’. Journal of Pharmacology and Experimental Therapeutics
301(2):594–8
for smoking cessation.’ Cochrane Database of Systematic Reviews 2004(3):CD000146
with nicotine replacement therapy and an evaluation in those with mental illness.’ Addiction
103(1):146–54
Smoking cessation in secondary care: acute, maternity and mental health services
Addiction 105(7):1176–89
people with mental illness.’ Advances in Psychiatric Treatment 14:208–16
smoking at a tobacco dependence treatment clinic.’ American Journal of Health Behavior
30:400–12
Fact Sheet on: Smoking statistics http://ash.org.uk/ accessed on 12/01/2017
05/01/2017
http://www.medicines.org.uk/emc/medicine/21381 accessed 05/01/2017
17. NiQuitin Clear 21mg Patch / NiQuitin Pre-Quit Clear 21mg Patch SPC. Omega Pharma Ltd.
http://www.medicines.org.uk/emc/medicine/24853 accessed 05/01/2017
http://www.medicines.org.uk/emc/medicine/24257 accessed 05/01/2017
http://www.medicines.org.uk/emc/medicine/22194 accessed 04/01/2017
http://www.medicines.org.uk/emc/medicine/22195 accessed 04/01/2017

Smoking cessation guidance and product formulary