

DEFENCE MEDICAL SERVICES

This patient group direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practise under it. The most recent and in date final signed version of the PGD must be used. For further information on the medicine, please refer to the electronic Medicines Compendium, available here: <https://www.medicines.org.uk/emc>

PATIENT GROUP DIRECTION (PGD)

Supply of Nicotine Replacement Therapy (NRT)

for the treatment of Smoking Cessation

By

Nurses registered with the Nursing and Midwifery Council.

Or

Pharmacists and Pharmacy Technicians registered with the General Pharmaceutical Council.

Documentation details

Reference no:	2.72
Version no:	2.1
Valid from:	07 Jan 25
Review date:	07 Jul 27
Expiry date:	07 Jan 28

Change History

Version number	Change details	Date
2.0	Amalgamation of Single NRT PGDs The current PGD amalgamates and updates all single Nicotine Replacement Therapy PGDs prior to October 2021. This includes PGDs 2.55, 2.56, 2.57, 2.59, 2.60 and 2.61.	October 2021
2.1	Version 2.1 includes key updates on: Terminology Nicotine containing vapes Combination NRT Use of NRT as a Stop Vaping Treatment Use of NRT with CVD Patients Medication interactions, in particular Clozapine References Qualifications and professional registration wording updated to reflect requirements stated in other DMS PGDs	June 2024

JSP 950 Pt 1 Lft 9-4-2: Reference number: 2.72 Version number: 2.1

PGD Title: Nicotine Replacement Therapies (NRT)

Valid from: 07/01/25

Expiry Date: 07/01/28

1. PGD template development

This PGD has been developed by the following health professionals on behalf of the Ministry of Defence:

Developed by:	Name and designation	Signature	Date
Pharmacist*	Waheed Bhatti BPharm(Hons) DipClin Pharm Independent Prescriber DPHC Overseas	Signed electronically	19/09/2024
Consultant in Public Health	Dr Andrea Docherty PhD	Signed electronically	22/07/24
Registered professional representing users of the PGD*	Sarah Firkins-Woodward Nurse Manager	Signed electronically	02/12/2024

**Indicate who is the lead author*

2. Organisational authorisation

The PGD is not legally valid until it has had the relevant organisational authorisation. All 3 signatures are required.

Authorised by **	Name	Signature	Date
Defence Advisor General Practice	Col Nicola Macleod	Signatory signed this PGD using electronic authorisation systems	07/01/2025
Chief Nursing Officer (Defence)	Capt (RN) Julian Despres	Signatory signed this PGD using electronic authorisation systems	07/01/2025
SO1 Pharmacy	Lt Col Sally Young	Signatory signed this PGD using electronic authorisation systems	07/01/2025

***These are the roles that have currently been nominated by Surgeon General*

3. Characteristics of registered health professionals using the PGD

Qualifications and professional registration	Nurses Registered with the Nursing and Midwifery Council, with current contract of employment with MOD. Or Pharmacists and Pharmacy Technicians registered with the General Pharmaceutical Council with current contract of employment with MOD.
Initial training	- Health professionals wishing to supply NRT to patients identified as requiring NRT should meet the requirements, continuing training and education needs detailed below: - Completed any necessary training for PGDs as outlined in JSP 950 Leaflet 9-4-2 - Have undertaken the NCSCT VBA Module - Have undertaken the NCSCT online 'Stop Smoking Medications' training module. - Have undertaken the NCSCT online training and assessment programme to achieve full certification. - Have completed and passed the NCSCT approved NRT assessment for Defence. - Have undertaken or intend to undertake in the next 12 months the NCSCT Behavioural Support for Smoking Cessation Training Programme. The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of the patient leading to diagnosis of the conditions listed.
Competency assessment	The staff indicated in 'Staff Group' may supply without medical prescription; NRT (listed below) in the manner detailed below if they have completed the appropriate training and demonstrated adequate competency as detailed below. Successful completion of the NRT assessment for Defence is one of the requirements for the DMC Patient Group Directive (PGD) for the Supply of Nicotine Replacement Therapy (NRT). You can download a copy below and complete as a self-assessment. Once completed, the correct answer sheet can be used to check your responses. NRT assessment: https://elearning.ncsct.co.uk/usr/docs/NRT%20assessment%20for%20Defence.pdf NRT assessment answers: https://elearning.ncsct.co.uk/usr/docs/NRT%20assessment%20for%20Defence%20answers.pdf Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD. If any training needs are identified, these should be discussed with the authorising manager and further training provided as required.

Ongoing training and competency	• Must comply with all training requirements outlined in Defence SOP Smoking Cessation Interventions and Services (2024) • Should access SPCs for all stop smoking medications. • Should utilise the NCSCT online briefings if they are unsure or feel they need an update or support at any time or contact the PMC Consultant in Public Health for further access to training.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

NOTE: Aircrew and controllers must not take any prescription medicines, drugs, tablets, or remedies before reporting for duties unless prescribed or approved by a Military Aviation Medical Examiner (MAME) as per JSP 950 Leaflet 9-4-2 Annex D. As such any medications prescribed via this PGD must have acquired appropriate MAME approval first.

Clinical conditions or situations to which this PGD applies	As an aid to treating tobacco dependence in: • Entitled DMS registered personnel who express a wish to stop smoking or engage with harm reduction (e.g. cutting down or temporary abstinence). • Tobacco users treated under this PGD must have been identified as being sufficiently motivated to quit or attempt harm reduction or require relief from nicotine withdrawal. NRT provides some nicotine that patients get from smoking cigarettes. It works by reducing the severity of withdrawal symptoms and helps deal with urges to smoke. NRT is both effective in increasing success with stopping smoking and safe for use among people who smoke. NRT provides “clean” therapeutic nicotine, without the harmful tar, carbon monoxide, chemicals and toxins contained in cigarette smoke. The use of NRT is associated with minimal risk relative to the well-established risks of continued smoking. There is good evidence to support safety and efficacy for the use of NRT in most patient groups and should be examined on a risk-benefit basis. <i>The use of NRT outside the terms of the SPC is supported by NICE guidance.</i> NRT may be appropriate for the following groups: • Patients with severe cardiovascular disease (including severe arrhythmia or immediate post-myocardial infarction period) • Patients with a recent history of cerebrovascular disease (including transient ischaemic attacks) • Patients with diabetes • Or where, the risks of continuing smoking outweigh the risk of using NRT This PGD has been designed to reflect the latest evidence and clinical practice in terms of the use of NRT to support smoking cessation. Smoking cessation is a process that varies by individual and support for smoking cessation should use a flexible tailored approach to ensure the dose of nicotine and duration of use reflects the needs of each person who smokes. The following sections detail a baseline approach to treatment for each product. However, to meet patients’ needs this baseline may be adapted through: • Use of combination NRT (detailed below)
NRT Flexible Delivery	

	• Increased NRT dosage. For example, where dependency is high, withdrawal and urges to smoke not well managed, lapses are frequent, or patient has reduced but not quit. • Extended NRT use. The MOD will offer up to a maximum of 6 months of funded NRT per formal quit attempt or harm reduction period. Only a small proportion of individuals attempting to quit smoking require NRT beyond this period and this is usually a fast-acting product (e.g. gum or lozenge). The use of NRT beyond 6 months is considered safe and effective but will need to be self-funded. • Patient preference to combine vaping (in compliance with Defence policy) with NRT. Combination NRT Combination NRT is the recommended first line treatment for individuals who smoke 10 or more cigarettes per day. There is strong evidence that combination NRT, combining a patch with a fast-acting NRT product (e.g. gum, inhalator, mouth spray) is more effective in helping patients who smoke to quit than using just one form of NRT. Combination NRT provides patients with additional control over urges to smoke and withdrawal symptoms. The NRT patch provides a steady supply of nicotine throughout the day and the fast-acting NRT product can be used by patients to meet their specific needs for additional nicotine ('top up'), either in response to breakthrough urges and/or withdrawal symptoms by using at times or in settings or situations where these might be predicted to occur.
	NRT dose and duration of use It is important for individuals making a quit attempt to use enough NRT to address their withdrawal symptoms and urges to smoke. Single NRT products deliver roughly half of the nicotine that would be obtained from smoking. Personnel and dependents should be made aware of the frequent risk of under dosing and the increased likelihood of relapse. The initial dose of NRT can be guided by use of the Heaviness of Smoking Index (number of cigarettes per day and time to first cigarette in the morning). Individuals who are more dependent generally benefit from higher doses of NRT. Past experience with urges to smoke and withdrawal symptoms when quitting can also be useful for determining the initial dose of NRT. Individual experience of withdrawal symptoms and urges to smoke can be used to guide the need to adjust the initial dose. Both the dose of NRT patch and the frequency of using the fast-acting NRT can be increased as needed to address withdrawal symptoms and urges to smoke. Patient Self-Management Patients should be advised to self-manage NRT use to optimally manage urges to smoke and withdrawal and increase success with smoking abstinence. This can be done by instructing patients to use fast-acting NRT on the hour every hour and/or as needed to manage urges to smoke and withdrawal symptoms. Heavily dependent tobacco users In more heavily dependent individuals, higher doses of NRT (>42mg) have shown to be more effective than standard doses (21mg) in reducing withdrawal symptoms and urges to smoke. Heavily dependent tobacco users can be treated with two 21 or 25mg patches plus a faster acting NRT

	product of their choice. High dose NRT has been found to be well tolerated and safe among more-dependent individuals. The use of a second patch may serve as a more feasible method for achieving higher nicotine dose, given it does not require frequent administration, as is the case with the fast-acting products. Nicotine-containing vapes (e-cigarettes) NRT products can be used in combination with nicotine-containing vapes. Both NRT products and e-cigarettes deliver nicotine to patients who smoke and can be combined. Combining the nicotine patch with a nicotine containing vape may be recommended in patients who are more heavily dependent. While there is limited research examining the efficacy of combining nicotine patches with vapes, the rationale for combining nicotine patches with nicotine containing vapes is that it offers the same benefits as fast-acting NRT (i.e. relief of breakthrough cravings/urges to smoke). The more rapid delivery offered by vapes may appeal to and/or benefit patients who smoke alongside the steady state nicotine delivered by the NRT patch. This must be advised with recognition of the Defence Smokefree policy. Duration of use and dose reduction NRT products are typically used for 8–12 weeks. It is important to use the full course of the medications to increase success with quitting long-term. The amount of NRT can be reduced over this period or full dose can be maintained. The down titration of NRT dose when using the patch or short acting NRTs is only recommended if the individual is managing urges to smoke and withdrawal well. For personnel/dependents who report ongoing withdrawal or urges to smoke or low confidence in staying quit there is the option to remain on the higher dose until their confidence increases. Some personnel/dependents will benefit from using NRT for extended periods of time, and this is safe practice.
	Lapse, relapse and concurrent smoking Individuals who experience a lapse, relapse or who cut down cigarettes per day but do not quit completely, should be advised to continue using NRT. It is safe to continue to smoke when using NRT. The individual's motivation to quit should be assessed and if they remain motivated to quit or to 'cut down to quit' they should be supported with the use of NRT and behavioural support to continue with their attempt. Such situations should be an indication that the dose and frequency of NRT use should be assessed and possibly increased. Smoking Reduction/Pre-Quit NRT is indicated and licensed for smoking reduction. Patients who smoke may use the NRT to prolong smoke-free intervals and with the intention to reduce smoking as much as possible. Ideally, this is done with the intention of reducing to quit with an estimated quit date set in the near future (1- 6 months). The dose for smoking reduction/pre-quit is based on the Heaviness of Smoking Index and is the same as that provided to those who are making a quit attempt. When making a quit attempt, the general guidance for patients who smoke is to use combination NRT to replace at least as much and ideally more nicotine than what they would have received from cigarettes before they reduced. Patients who have reduced to less than 5 to 10 cigarettes per day are recommended to continue at Step 2 (15 mg) for 8 weeks and decrease the dose to 10 mg (Step 3) for the final 4 weeks in combination with a fast-acting NRT product. As with all NRT use this should be a flexible approach that is tailored to the individual's needs.

	Temporary Abstinence NRT can be used to support temporary (i.e. not smoking for short or prolonged periods of time) abstinence. Temporary generally refers to a specified period such as pregnancy, deployment etc. This may also be relevant for personnel working on Estates who will be/have implemented the Defence Smokefree Workplace policy. Combination NRT is recommended for temporary abstinence. The dose for smoking reduction/pre-quit is based on the Heaviness of Smoking Index and is the same as that provided to those who are making a quit attempt. For shorter periods of temporary abstinence then an alternative intermittent dose form would be more suitable (e.g. lozenge, inhalator, or gum). Personnel can be advised that it is safe to smoke while using NRT and they may continue to use the patch and fast-acting product for 16 to 24 hours. The individual's interest in setting a quit date should be assessed regularly as temporary abstinence can increase motivation to quit smoking, even among those not initially interested in quitting. Use of NRT as a stop vaping treatment Personnel who are attempting to discontinue use of nicotine vapes may be supported with NRT use if assessment deems appropriate. Treatment with combination NRT is recommended if there is risk of relapse to smoking. This is important for all personnel who are stopping vaping but to those who have recently stopped smoking cigarettes. For more detailed guidance on supporting patients who are interested in stopping vaping please see: <i>Supporting clients who want to stop vaping</i>: www.ncsct.co.uk/publication_support_stop_vaping.php
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Inclusion criteria	• Patients 16 years of age and older (without parental consent). • Patients 12-15 years of age (with parental consent). • Entitled DMS registered personnel under DMS provision of primary care. • Personnel seen within DMS Smoking Cessation Services. • Personnel who are attempting to stop smoking, reduce smoking, or for temporary abstinence from smoking. • Pregnancy: NRT is not contraindicated in woman who are pregnant. NRT is recommended for pregnant women unable to quit on their own and its use has been associated with improved success with quitting among women who are more heavily dependent. Studies have shown that no harm has been found in the foetus from using NRT in pregnancy. It is recommended that pregnant women use a 16-hour patch (i.e. remove the 24-hour patch at night) in combination with a fast-acting NRT product. The use of some oral NRT products may not be suitable for women who are suffering from nausea or 'morning' sickness. There is some evidence that indicates that success with quitting is associated with combination NRT and use of the full 8–12 week course of therapy. • Lactation: NRT is not contraindicated in woman who are breastfeeding. The relatively small amounts of nicotine found in breast milk during NRT use are less hazardous to the infant than second-hand smoke. Intermittent dose forms would minimise the amount of nicotine in breast milk and permit feeding when levels were at their lowest.
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	• AF personnel on training or deployment: Although it is advised that attempts be made to achieve non-smoker status for these individuals prior to commencement of training or deployment, where this is not possible behaviour support should be commenced and then delivered remotely and 3 months maximum NRT may be provided prior to departure to support quit attempt. Type of NRT should be carefully considered and discussed. Considering the possible risk of relapse during training and deployment, those who have achieved non-smoking status in the 3 months prior to departure may access 1 month supply of NRT to manage relapse risk. This may also be considered for personnel who have quit longer than 3 months prior to deployment but who have low confidence they will be able to remain quit during deployment. • Patients with cardiovascular disease: All first line tobacco dependence treatments can be safely used in patients with CVD. The one area where there has been less evidence to guide practice is patients with acute coronary syndrome (ACS). For guidance on persons with ACS (see exclusion criteria).
Exclusion criteria	• Tobacco users not sufficiently motivated to quit or engage with Harm Reduction. • Patches only – patients with chronic generalised skin disease such as psoriasis, chronic dermatitis and urticaria; patients who have had a previous severe allergic reaction to transdermal patches; people who smoke occasionally. • Nasal spray only - patients with chronic nasal disorders such as polyposis, vasomotor rhinitis, and perennial rhinitis. • Patients unable to provide consent.
Clinical considerations:	A risk-benefit assessment should be made by an appropriate healthcare professional for patients with the following conditions: Any risks that may be associated with NRT are substantially outweighed by the well-established dangers of continued smoking. <i>Unstable Angina/Acute Coronary Syndrome/Haemodynamically unstable:</i> In persons with stable cardiovascular disease use of NRT has been shown to be safe and has no contraindications. The one area where there has been less evidence to guide practice is patients with acute coronary syndrome (ACS) and unstable CVD presentations. While there have been only a small number of studies to examine the use of NRT among patients with ACS, those conducted to date show no adverse effects.

	Individuals with recent myocardial infarction (24-48 hours), unstable or worsening angina including Prinzmetal's angina, severe dysrhythmia or CVA and who are haemodynamically unstable and/or who have uncontrolled hypertension should be encouraged to stop smoking with non-pharmacological interventions until the condition stabilises. If the patient is at risk of relapse to smoking this product may be considered with the understanding that benefits are likely to far outweigh any risks of continued smoking. As data on safety in this patient group are limited, initiation should only be under medical supervision. <i>Diabetes mellitus:</i> Patients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated as reductions in nicotine induced catecholamine release can affect carbohydrate metabolism. <i>Renal or hepatic impairment:</i> This product should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. NRT dose reduction may be necessary. <i>Phaeochromocytoma and uncontrolled hyperthyroidism:</i> As nicotine causes release of catecholamines, this product should be used with caution in patients with uncontrolled hyperthyroidism or phaeochromocytoma. <i>Gastrointestinal disease:</i> Nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastric or peptic ulcers and NRT preparations should be used with caution in these conditions. When used by inhalation Bronchospastic disease; chronic throat disease; obstructive lung disease. With intranasal use Bronchial asthma (may exacerbate). With oral use Gastritis (can be aggravated by swallowed nicotine); <i>gum</i> may also stick to and damage dentures; oesophagitis (can be aggravated by swallowed nicotine); peptic ulcers (can be aggravated by hiccups following rapid chewing and swallowing the nicotine rather than allowing buccal absorption). With transdermal use <i>Patches</i> should not be placed on broken skin, patients with skin disorders. If a patient is receiving any concomitant medication, it is the responsibility of the health professionals identified below to ensure that treatment with the medicine detailed in this Patient Group Direction (PGD) is appropriate. In case of any doubt, further advice must be sought from an appropriate health professional and recorded as having been sought before the medicine is given. <i>Transferred dependence:</i> Transferred dependence is rare and is both less harmful and easier to break than smoking dependence. <i>Danger in children:</i> Doses of nicotine tolerated by adult and adolescent (over the age of 12) can produce severe toxicity in children that may be fatal. Products containing nicotine should not be left where they may be misused, handled, or ingested by children. After removal, the patch should be folded in half, adhesive side innermost, and placed inside the opened sachet, or in a piece of aluminium foil. The used patch should then be disposed of carefully, away from the reach of children or animals.
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Interactions with other medications	No clinically relevant interactions between nicotine replacement therapy and other drugs have been established. Cigarette smoking can interact with some medications detailed in the list of drug interactions available from the UK Specialist Pharmacy Service (SPS): https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/ or the Maudsley Prescribing Guidance (2024). This is because tobacco smoke stimulates a liver enzyme (CYP 1A2 and possibly by CYP 1A1) responsible for metabolising some drugs in the body. When an individual stops smoking, this may result in slower metabolism and a consequent rise in blood levels of such drugs. Importantly, this interaction is not related to NRT or other stop smoking medications but rather the tar in cigarettes. When a patient stops smoking, they may require additional monitoring and possible dose reduction. Most interactions are not clinically significant but there are a few exceptions, including antipsychotic medications, in particular clozapine and olanzapine. A medication review is recommended, and this should be documented in either their clinical or smoking cessation notes and relevant health professionals involved in their care advised, where this is required. Clozapine Clozapine is an effective but potentially toxic drug and has a clinically significant interaction with tobacco smoking (from the tar in tobacco smoke, not the nicotine). It is a particular concern because, when a patient stops or reduces their smoking, the metabolism of clozapine slows down and, in some people, the blood levels of clozapine can almost double within about a week. This can lead to serious symptoms and, in rare events, death from a seizure. Patients taking clozapine should have the daily dose reduced by 25% in the first week after stopping, with subsequent reductions as needed. Plasma level reduction may be greater in people who are also taking valproate. Blood plasma levels should be taken before and after the patient has stopped smoking to guide further dose reductions. Doses will need to be adjusted again should the patient return to smoking. The patient's prescriber should assess whether dose reduction is needed for short lengths of stay where the patient does not intend to remain smokefree long-term.
Written information to be given to the patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product NOTE: a patient information leaflet should be offered to everyone, irrespective of whether the medication is labelled or not (CQC Nigel's Surgery 19)

Adverse events	Nicotine Replacement Therapy is regarded as the pharmacological treatment of choice in the management of smoking cessation & is generally well tolerated. Most common side effects are mild to moderate and generally well tolerated by users and dissipate with continued product use. Side effects are often the result of incorrect use of the product. Careful explanation of the instructions for NRT product use can be helpful for reducing the likelihood of side effects. See individual product summary for full list of potential side effects. Allergic reactions (including symptoms of anaphylaxis) occur rarely during use of this product. <i>Angioedema and urticaria have been reported.</i>
	Erythema may occur. If it is severe or persistent, treatment should be discontinued. Effect of Smoking Cessation: Some symptoms may be related to nicotine withdrawal associated with stopping smoking. These can include; irritability/aggression, dysphoria/depressed mood, anxiety, restlessness, poor concentration, increased appetite/weight gain, urges to smoke (cravings), night-time awakenings/sleep disturbance, decreased heart rate, dizziness, presyncopal symptoms, cough, constipation, gingival bleeding or nasopharyngitis. This should be considered and discussed with patients as it is not uncommon for some symptoms associated with smoking cessation to be assumed to be associated with stop smoking medication use. In the event of any adverse reactions or moderate/severe side effects: • Record the details in the patient's medical notes • Verify the product is being used correctly. Provide guidance on correct use and strategies to common side effects (e.g. throat irritation or sleep disturbance, nausea) • In the rare circumstances, discontinue product & offer patient an alternative • As appropriate, notify patient's nursing team or GP as appropriate. • For adverse reactions, record the incident using ASER Automated Significant Event Reporting • Report the adverse reaction under the Yellow Card scheme (complete online if possible, at http://yellowcard.mhra.gov.uk or forms can be found at the back of the BNF).
Action if the patient is excluded	• Refer for medical advice and document consultation in the patient's electronic health record (PHCIS/DMICP). • Advise patient on alternative stop smoking medication treatments. • Refer to a prescriber, if appropriate.
Action if the patient declines	• Document advice given. • Advise patient on alternative treatment. • Refer to a prescriber, if appropriate. • Refer to Medical Officer for Advice if required.

5. Description of treatment

Nicotine Patches

Name, form & strength of medicine	Nicotine Patches – 24 hour formulation 21mg / 14mg / 7mg
Black triangle ▼	NO
Legal category	GSL
Route / method	Transdermal administration Apply on waking to dry, non-hairy skin on hip, trunk or upper arm & held in position for 10-20 seconds to ensure adhesion
	Patch should be worn daily. Remove after time specified. Removing the old patch and using a fresh patch every day. New patch should be placed on a different area, avoiding 'used' sites for several days afterwards. Rash from adhesive is common; topical creams can be applied. • Do not apply patches to inflamed or broken skin. • Used patches should be folded in half and disposed of carefully. • Do not try to alter dose by cutting patches. The 24 hour patch can be used at night if the patient smokes on waking. If the patient experiences sleep problems, they can remove patch at night.
Dose and Frequency	▪ Initial dose of nicotine based on heaviness of smoking index (number of cigarettes and time to first cigarette). ▪ Combining a patch with fast-acting NRT increases success with quitting and is first line treatment for persons quitting abruptly or reducing smoking. ▪ Use for 10–12 weeks or longer based on patient's needs. ▪ The amount of NRT can be reduced over this time period (step down approach) or full dose can be maintained. ▪ The step-down approach as indicated below can be used as confidence grows and risk of relapse decreases OR, full dose can be used for 10-12 weeks and then stopped. NiQuitin Clear For individuals smoking 10 or more cigarettes daily: 21mg patch daily for 6 weeks THEN 14mg patch daily for 2 weeks THEN 7mg patch daily for 2 weeks THEN review treatment NiQuitin Clear For individuals smoking less than 10 cigarettes per day: 14mg patch daily for 6 weeks THEN 7mg patch daily for 2 weeks THEN review treatment Standard period of treatment 10-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patient need such as nicotine dependency.
Duration of Treatment	Standard treatment course of 8-12 weeks with reducing dose over last month

Quantity to be administered or supplied	- One patch every 24 hours. Nicotine dose can be reduced over time as confidence grows and risk of relapse decreases' - Standard period of treatment 8-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patient need such as nicotine dependency.
Storage	- Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.ncsct.co.uk/publications/nicotine-patches Do not store above 25°C
Possible side effects	- Skin reactions - Discontinue use if severe - Sleep disturbance - Vivid dreams - For full information please consult full summary of product characteristics at the NCSCT website as above
Advice to be given to the patient	- Exercise may increase absorption of nicotine and therefore side effects. - The patch should be applied once a day, normally in the morning, to a clean, dry, non-hairy area of skin on the hip, trunk, or upper arm. - Allow several days before replacing the patch on a previously 'used' area. - Place the patch in the palm of the hand and hold onto the skin for 10-20 seconds. - Patches should not be applied to broken or inflamed skin. - Clients should not try to alter the dose of the patch by cutting it up.
Follow up	Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See SOP 'Smoking Interventions and Services' for details of follow up and proactive engagement.

Nicotine Gum

Name, form & strength of medicine	Nicotine Gum - check with the SPC 2mg 4mg
Black triangle ▼	NO
Legal category	GSL
Route / method	Oral administration One piece chewed slowly for 30 minutes on urge to smoke.
Dosage	2mg Gum - for individuals smoking 20 cigarettes or less daily 4mg Gum - for individuals smoking more than 20 cigarettes daily Maximum of 15 pieces daily as monotherapy Can be combined with NRT patch. Standard period of treatment 8-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patient need such as nicotine dependency.
Frequency	Approx. one piece per hour every hour. As required to deal with urges to smoke up to maximum dose as indicated above.
Quantity to be administered or supplied	Total dosage must support the use of gum every hour on the hour during waking hours. This will be titrated down as confidence grows and risk of relapse decreases.

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PGD Title: Nicotine Replacement Therapies (NRT)

Valid from: 07/01/25

Expiry Date: 07/01/28

Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.medicines.org.uk/emc . Do not store above 25°C
Possible side effects	• Throat irritation • Increased salivation • Hiccups • Mouth ulceration • Heartburn • Headache • Nausea • Coughing A detailed list of adverse reactions is available in the SPC which can be found here: https://www.medicines.org.uk/emc
Advice to be given to the patient	• Gum should be chewed until the taste becomes strong and then 'parked' between the gum and cheek until the taste fades. • Recommence chewing once the taste has faded. • This 'chew-rest-chew' technique should be applied for 30 minutes • Maximum daily dose of gum • Treatment should be continued for at least 3 months with a gradual reduction in dosage during that time. Treatment may be extended up to a maximum of 6 months at the smoking cessation advisor's discretion and in line with individual patient need including nicotine dependency • Any problems, side effects or concerns should be discussed with Smoking Cessation Nurse(s), patient's doctor or pharmacist • Information regarding follow-up & access to further supplies of NRT • Avoid Rapid chewing and swallowing, this may lead to hiccups
Follow up	Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See SOP 'Smoking Interventions and Services' for details of follow up and proactive engagement.

Nicotine Inhalator

Name, form & strength of medicine	Nicotine Inhalator 15mg
Black triangle ▼	NO
Legal category	GSL
Route / method	Oral administration (nicotine-impregnated plug in mouthpiece) Each cartridge can be used for approximately eight 5-minute sessions, with each cartridge lasting approximately 40 minutes of intense use. Inhale on inhalator to draw nicotine vapour into the mouth.
Dosage	Nicotine Inhalator 15mg • Maximum 6 cartridges per day Standard period of treatment 8-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patient need such as nicotine dependency. Can be combined with NRT patch.
Frequency	Use every hour and inhale for about 20 minutes or as needed to manage urges to smoke up to maximum dose as indicated above.
Quantity to be administered or supplied	• 6-Cartridges per day. This will be titrated down as confidence grows and risk of relapse decreases.

Storage	• This product works best at room temperature. In cold conditions (below 15°C) the nicotine evaporates less readily, and it will be necessary to inhale more frequently, whilst in warm conditions (above 30°C) nicotine will evaporate more readily and inhalation should be less frequent to avoid overdose. • Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.medicines.org.uk/emc. Do not store above 25°C.
Possible side effects	• Mouth/throat irritation • Cough • Stomatitis • Dry mouth • Hiccups • Nausea For full information please consult full summary of product characteristics.
Advice to be given to the patient	• Line up ridges of plastic holder to open and insert cartridge (you will hear a click). • Vapour should be drawn into the mouth through the mouthpiece • Special inhaling technique: take slow shallow inhalation to avoid throat burn. • Patients should be warned that the inhalator requires more effort to inhale than a cigarette and that less nicotine is delivered per inhalation. Therefore, the patient may need to inhale for longer than with a cigarette. • Use every hour and puff for about 20 minutes or as needed to manage urges to smoke. • Avoid acidic drinks (like fruit juice) for 15 minutes before or during use. • The inhalator is best used at room temperatures as nicotine delivery is affected by temperature. • Used cartridges will contain residual nicotine and should be disposed of safely. Advise the patient to keep them in the case and dispose of them in household rubbish. • Do NOT exceed maximum daily dose of Inhalator • Treatment should be continued for at least 8-12 weeks with a gradual reduction in dosage during that time. Treatment may be extended up to a maximum of 6 months at the smoking cessation advisor's discretion and in line with individual patient need including nicotine dependency • Any problems, side effects or concerns should be discussed with Smoking Cessation Nurse(s), patient's doctor or pharmacist • Information regarding follow-up & access to further supplies of NRT
Follow up	• Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See SOP 'Smoking Interventions and Services' for details of follow up and proactive engagement.

Nicotine Lozenges and mini lozenge

Name, form & strength of medicine	Nicotine Lozenges and mini lozenge 1mg 1.5mg (prescribing via CPF required) 2mg 4mg
Black triangle ▼	NO
Legal category	GSL
Route / method	Oral administration. Placed in mouth, allow to dissolve (20–30 minutes) by moving around mouth periodically; avoid crushing or chewing. One lozenge should be used every 1-2 hours when the urge to smoke occurs.
Dosage	For Adults 18 years and above 1mg, 1.5mg, 2mg Lozenges – for individuals smoking 20 cigarettes or less daily 4mg Lozenges – for individuals smoking more than 20 cigarettes daily Maximum of 15 lozenges daily as monotherapy
	Standard period of treatment 8-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patient need such as nicotine dependency. When daily use is 1-2 lozenges, use should be stopped. Adolescents (12-17 years) should follow the schedule of treatment for abrupt cessation of smoking as per SPC. Where adolescents are not ready or able to stop smoking abruptly, advice from a healthcare professional should be sought. Safety and effectiveness in children who smoke have not been evaluated. NiQuitin Minis Mint 4 mg Lozenges are not recommended for use in children under the age of 12.
Frequency	As required to deal with urges to smoke up to maximum dose as indicated above
Quantity to be administered or supplied	Dosage must support use every 1-2 hours of waking hours. This will be titrated down as confidence grows and risk of relapse decreases.
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.medicines.org.uk/emc . Do not store above 25°C
Possible side effects	- Throat irritation - Sore mouth or throat, jaw pain - Increased salivation - Headache - Nausea - Hiccups - Sleep disturbance - Taste disturbances For full information please consult full summary of product characteristics.

Advice to be given to the patient	• Slowly allow each lozenge to dissolve in the mouth 'parking' it between the gum & cheek to allow effective absorption • Periodically move the lozenge from one side of the mouth to the other and 'parking' again • 1 lozenge every 1–2 hours as required to minimise withdrawal symptoms and urges to smoke. • Lozenges last for 20-30 minutes • The lozenge should not be chewed or swallowed whole • Avoid acidic drinks (like fruit juice) for 15 minutes before or during use. • Maximum daily dose of lozenge must not exceed 15 lozenges per day.
Follow up	• Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See for SOP 'Smoking Interventions and Services' for details of follow up and proactive engagement.

Nicotine Nasal Spray

Name, form & strength of medicine	Nicotine Nasal Spray 500 micrograms / metered dose spray
Black triangle ▼	NO
Legal category	GSL
Route / method	Nasal Administration One spray into each nostril as required when the urge to smoke occurs.
Dosage	Adults over 18 years of age
	Metered dose spray On starting treatment, the patient uses the spray to treat craving as required, subject to a limit of one spray to each nostril twice an hour. Up to a maximum of 64 sprays in 24 hours Treatment should continue for at least 8 weeks before reducing the dose. Standard period of treatment 8-12 weeks. Treatment may be extended to 6 months at the discretion of the smoking cessation advisor and in line with individual patients need such as nicotine dependency.
Frequency	1 spray in each nostril twice an hour, as required when craving to smoke occurs in accordance with dosage information above.
Quantity to be administered or supplied	Dosage must support minimum of one spray per hour during waking hours.
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.medicines.org.uk/emc . Do not store above 25°C

Possible side effects	• Nose irritation • Throat irritation • Nosebleeds • Watering eyes • Ear sensations • Sneezing • Nausea • Headache During the first 2 days of treatment, nasal irritation, sneezing, running nose, watering eyes, cough. Both the frequency and severity declines with continued use. For full information please consult full summary of product characteristics.
Advice to be given to the patient	• Advise patient on correct use of spray. Insert the spray tip into one nostril, pointing the top towards the side and back of the nose (45-degree angle). Press firmly and quickly. Give a spray into the other nostril. • Warn of possible local effects but also that these tend to lessen within a few days. • CAUTION – the nasal spray should not be used whilst driving or operating machinery as side effects could cause an accident • NOT TO BE TAKEN BY MOUTH
Follow up	Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See for SOP 'Smoking Interventions and Services' for details of follow up and proactive engagement.

Nicotine Oral Spray 1mg (Nicorette QuickMist® mouth spray)

Name, form & strength of medicine	Nicotine Oral Spray 1mg (Nicorette Quickmist® mouth spray)
Black triangle ▼	NO
Legal category	GSL
Route / method	Oral administration. Open mouth wide; point inside mouth toward cheek and spray (press firmly); repeat on other side of mouth. Do NOT inhale.
Dosage and Frequency	• Use 1 or 2 sprays into the mouth when cigarettes normally would have been smoked or if there are urges to smoke. • If after first spray urges to smoke are not controlled within a few minutes, then a second spray maybe used. • If 2 sprays are required future doses maybe delivered as 2 consecutive sprays. • Most patients who smoke will require 1-2 sprays every 30 minutes to 1 hour. • Up to 4 sprays per hour. Do not exceed 2 sprays per dosing episode and 64 sprays (4 sprays per hour over 16 hours) in any 24-hour period.
Duration of Treatment	Standard duration of treatment is 8-12 weeks. This may be extended in line with individual patient need and at the discretion of the smoking cessation advisor. Dose should be tapered towards the end of treatment.

Quantity to be administered or supplied	Weekly supplies of 3 x 150 dose sprays to be given as required for the first 4 weeks with weekly support.
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the Summary of Product Characteristics (SPC), available here: https://www.medicines.org.uk/emc . Do not store above 25°C
Possible side effects	• Headache • Throat irritation • Hiccups • Cough • Nausea, vomiting, dizziness • Changes in taste • Tingling or burning sensation A detailed list of adverse reactions is available in the SPC which can be found here: https://www.ncsct.co.uk/publications/category/nrt Inform the individual/carer of possible side effects and their management. Advise the individual/carer to seek medical advice in the event of an adverse reaction.
Advice to be given to the patient	• If you are using Nicorette QuickMist for the first time or if you have not used the spray for 2 days, you must first prime the spray pump. • Always prime the spray first by pressing the spray 3 times until fine mist is seen. Spray away from children and pets. • Hold spray as close to the mouth as possible then spray directly into the mouth, avoiding the lips. • Do not inhale whilst spraying, to prevent spray getting down the throat. • Do not swallow for a few seconds after spraying. • The patient should not eat or drink when administering the oromucosal spray. • Do not spray into eyes • Avoid acidic drinks (like fruit juice) for 15 minutes before or during use. Note: priming reduces the number of sprays you may get from Nicorette QuickMist. Dispose of empty container safely.
Follow up	• Once reviewed by Smoking Cessation Specialist Nurse, patient is followed up after four weeks by either phone or clinic appointment up to a maximum of 12 months. See for SOP 'Smoking Interventions and Services for details of follow up and proactive engagement.

Records to be kept	Record: • That valid consent was given • Date/time of supply/administration • Patient details, including how they met the inclusion criteria • Treatment details, including name, strength, dose, frequency, quantity, route and site (if by injection) of medication supplied/administered • <u>Smoking status must also be recorded at each consultation: 'self-reported' or 'not CO-verified' will need to be included at this time.</u> • Name and signature (may be electronic) of health professional supplying or administering the medication. • "Supplied via a PGD" • Details of any advice given • Details of any adverse reactions and action taken <i>Use DMICP templates to aid data entry</i>
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Key references

Key references:	▪ NCSCT. Stop Smoking Aids Quick Reference Sheet. https://www.ncsct.co.uk/library/view/pdf/NCsCT%20stop%20smoking%20aids%20quick%20reference.pdf ▪ EMC: SPC Available at: https://www.ncsct.co.uk/publications/category/nrt ▪ NICE: Tobacco: preventing uptake, promoting quitting and treating dependence (NG209). https://www.ncsct.co.uk/publications/category/nice-guidance ▪ National Centre for Smoking Cessation and Training (NCSCT): Combination NRT Briefing. Available at: https://www.ncsct.co.uk/publication_combination_nrt_briefing.php ▪ NCSCT - National Centre for Smoking Cessation and Training (NCSCT): Online Training Available at: https://elearning.ncsct.co.uk/ukaf ▪ National Centre for Smoking Cessation and Training (NCSCT): Standard Treatment Programme. Available at: https://www.ncsct.co.uk/publication_ncsct-standard-treatment-programme.php ▪ Standard Treatment Programme for Pregnant Women. Available at: https://www.ncsct.co.uk/publication_ncsct_stp_pw.php ▪ Specialist Pharmacy Service: Considering drug interactions with smoking https://www.sps.nhs.uk/articles/considering-drug-interactions-with-smoking/ ▪ Managing specific interactions with smoking https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/
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