

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD must be used.

PATIENT GROUP DIRECTION (PGD)

Supply of varenicline tablets as part of a tobacco dependence treatment service commissioned by Swindon Borough Council Public Health

Version Number 1.1

Change History	
Version and Date	Change details
Version 1.0 November 2024	New template (national template)
Version 1.1 February 2026	Adapted for use by Swindon Borough Council

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1 st November 2024
Review date:	30 th April 2027

Reference Number: SBCPH/PGD/STOPSMOKING-POM/VARENICLINE/002/2026

Valid from: 05 May 2026

Review date: 30th April 2027

Expiry date: 31st October 2027

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This PGD template has been peer reviewed by the smoking cessation Short Life Working Group in accordance with their Terms of Reference. It has been endorsed by the NHSE National Specialty Adviser for tobacco dependency and approved by the SPS Medicines Governance Do Once Programme Board in October 2024.

Note: The working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available here:

[National PGD, protocol and written instructions templates – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

This section MUST REMAIN when a PGD is adopted by an organisation.

Name	Designation
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Katie Evans	Specialist Mental Health Pharmacist and Consultations Lead for College of Mental Health Pharmacy (CMHP)
Roz Gittins	Past President, College of Mental Health Pharmacy (CMHP)
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Keith Kendall	Regional Senior Pharmacy Integration Lead – North East and Yorkshire Region
Louise Ross	Clinical Consultant National Centre for Smoking Cessation and Training
Martyn Willmore	Tobacco Control Senior Programme Manager, Health Improvement: Alcohol, Drugs, Tobacco and Justice Division, DHSC

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Dr Debbie Robson	Senior Lecturer in Tobacco Harm Reduction, National Addiction Centre, Addictions Department & NIHR ARC South London, Institute of Psychiatry, Psychology & Neuroscience, King's College London,
Julia Robson	Tobacco Control Programme Manager. Office for Health Improvement and Disparities, Department of Health and Social Care.
Professor Sanjay Agrawal	NHSE National Specialty Adviser for tobacco dependency, Chair RCP of the Tobacco Special Advisory Group, Chair NHSE Tobacco Dependence Stakeholder Group, Consultant in respiratory and critical care medicine University Hospitals of Leicester NHS Trust.
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The working group gratefully acknowledge the specialist input of Dr Andy McEwen, Chief Executive, National Centre for Smoking Cessation and Training (NCSCT).

The PGD template is not legally valid until it has had the relevant organisational approval:

ORGANISATIONAL AUTHORISATIONS

Swindon Borough Council authorises this PGD. This PGD may be used only within the confines of the service specification commissioned by Swindon Borough Council for Public Health.

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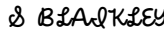
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Name	Job title and organisation	Signature	Date
Senior doctor	Dr Sarah Blaikley BSW ICB Clinical Advisor		08/04/2026
Senior pharmacist & representative of professional group using the PGD	Harpreet Rajput. Chief Pharmacist. Great Western Hospitals NHS Foundation Trust		20/03/2026
Person signing on behalf of <u>authorising body</u>	Dr Emma Kain Director of Public Health Swindon Borough Council		5/5/2026

Should you have any questions regarding this PGD please contact the Swindon Borough Council Public Health team via email: publichealth@swindon.gov.uk

Commissioner Audit Requirements: As per the Public Health Smoking Cessation service specification, the Provider shall participate in any audit of service provision or assessment of user experience conducted or authorised by the commissioner.

It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

Appendix A provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct. Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medication(s) listed only in accordance with the PGD.

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1.Characteristics of staff

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Qualifications and professional registration	Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation. Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions.
Initial training	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 individuals leading to diagnosis of the conditions listed. • Undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - eLfh PGD elearning programme • Completed locally required training (including updates) in safeguarding vulnerable adults - complete the CPPE Safeguarding Adults (e-course) at least every 3 years • complete the online National Centre for Smoking Cessation Training's (NCSCT) Practitioner Training and Assessment Programme. Individuals operating under this PGD must be familiar with the product and alert to changes in the Summary of Product Characteristics (SPC). Individuals operating under this PGD must have access to the PGD and associated online resources.
Competency assessment	• Individuals operating under this PGD must be assessed as competent or complete a self-declaration of competence to operate under this PGD (authorisation record sheet in Appendix A). • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions

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Ongoing training and competency	• 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 senior individual responsible for authorising individuals to act under the PGD and further training provided as required. • Every 3 years repeat the courses outlined in the Initial Training section. • Organisational PGD and/or medication training as required by employing Trust/organisation.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

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2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Tobacco dependence treatment and reduction of nicotine cravings in individuals who smoke and who are willing to seek treatment for tobacco dependence.
Criteria for inclusion	• Informed consent including consent to share relevant information with the individual's GP Practice (via local systems), where registered. • Individuals aged 18 years or older • Individuals who smoke identified as having a long-term goal of tobacco abstinence • Individuals sufficiently motivated to stop tobacco dependence 7-14 days after starting varenicline. • Individual is willing to continue a course of treatment for (at least) 12 weeks, which includes behavioural support, at agreed intervals from their referring tobacco dependence treatment support service. • Individuals dependent on tobacco motivated to engage in a gradual approach to quitting smoking but who are not able to quit abruptly. This cohort should reduce smoking during the first 12 weeks of treatment and quit by the end of that treatment period. They should then continue taking varenicline for an additional 12 weeks, a total of 24 weeks of treatment (extended regimen). • Individual agrees to receive advice and treatment from the registered healthcare professional in line with this PGD
Criteria for exclusion	Individual • Consent to treatment refused and/or consent refused to share information with the individual's registered GP Practice • Individuals under 18 years of age • Individuals receiving varenicline and/or tobacco dependence treatment (i.e. cytisinicline (cytisine) or bupropion) from another provider • Individuals who have no intention to stop smoking • Individuals who report they are not sufficiently motivated to stop

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	smoking or who are not willing to continue a course of treatment for (at least) 12 weeks and engage in behavioural support. • Individuals unable to absorb oral medications and/or inability to swallow solid oral dosage formulations (i.e. tablets) • Individuals who have been unsuccessful at a recent attempt to quit and are not ready to make a further quit attempt Pharmaceutical • Known hypersensitivity to varenicline or any of the components within the formulation – see Summary of Product Characteristics • Previous intolerable adverse effects with varenicline use, that were not managed by dose reduction • Previous Stevens-Johnson Syndrome or Erythema Multiforme associated with varenicline use Medical • Individuals taking clozapine • Known or suspected pregnancy (or pregnancy planned during treatment period) [See NICE NG209 guidance for information on recommended tobacco dependence treatment interventions in pregnant individuals]. • Currently breastfeeding • History of seizures or conditions known to lower the seizure threshold • Known or suspected end stage renal disease (CKD stage 5, eGFR <15mL/min/1.73m²) If there are any doubts about the individual's suitability for varenicline the registered healthcare professional working under this PGD must refer the individual to their GP Practice/appropriate specialist and not initiate or continue treatment under this PGD.
Cautions including any relevant action to be taken	The health risks of tobacco dependence are widely acknowledged and the likelihood of experiencing risks from

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	using varenicline is expected to be lower compared to the risk of continuing to smoke. Cardiovascular symptoms: Individuals taking varenicline should be instructed to notify their GP Practice of new or worsening cardiovascular symptoms and to seek immediate medical attention if they experience signs and symptoms of myocardial infarction or stroke. <u>Individuals with current or past history of psychiatric disorders</u> The health benefits of treatment for tobacco dependence are widely acknowledged and any opportunity to stop smoking should be widely supported. However, treatment for tobacco dependence, with or without pharmacotherapy, has been associated with the short-term exacerbation of underlying psychiatric illness (e.g., depression). Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide attempts have been reported in individuals attempting to quit smoking. Individuals should be advised to discontinue varenicline immediately and notify their relevant service provider if they experience serious neuropsychiatric symptoms such as agitation, depressed mood, changes in behaviour or thinking, or seek immediate medical advice if they develop suicidal ideation or suicidal behaviour. <u>Medication related cautions when an individual stops smoking</u> Physiological changes resulting from smoking cessation, (with or without treatment with varenicline), may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary. As ingredients in tobacco smoke induce CYP1A2, smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Before supplying varenicline, PGD users must first establish (using the information presented below) if there is a potential interaction due to a change in smoking status and inform the individual of this.
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	The individual should be informed to notify the prescriber(s) of the interacting medicine(s) in advance of their intention to stop smoking. Additionally, the service providing varenicline (i.e. the PGD user) must also inform the prescriber(s) of the interacting medicine(s) of the individual's attempt to stop smoking so that any relevant monitoring and/or dose adjustments can be carried out by the individual/their health care professional. How this is communicated should be clearly laid out in the service contract or locally developed SOP. Where an individual has already stopped smoking (or reduced their tobacco consumption or entered a period of temporary abstinence) prior to presenting for treatment with varenicline, the PGD user should ensure that the individual has already discussed the potential effect(s) of this action on their existing medication(s) with the relevant prescriber(s) and detail any actions taken. Where this has not occurred, advise the individual to contact the relevant prescriber(s) (or service(s)) as soon as possible, as monitoring (and follow up with the service) may be required. The PGD user must ensure the service provider who prescribes any interacting medicine to any individual supplied with varenicline under this PGD are aware of the individual's intention to stop smoking AND that a plan is in place re: monitoring and dose adjustments, if required. If the individual is unwilling to share information between services, varenicline must not be supplied under this PGD and the individual should be referred to an appropriate alternative service provider, as per local arrangements. If it is not possible to inform the prescriber(s) of the interacting medicine(s) of the individual's intention to stop smoking so that any relevant monitoring and/or dosage adjustments can be carried out by the individual/their health care professional, varenicline must not be supplied under this PGD and the individual should be referred to an appropriate alternative service provider. If individuals relapse and start smoking again, they are required to notify all healthcare practitioners involved in their care (so that
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	any appropriate monitoring and/or dose adjustments can be actioned). They must be advised of this responsibility and ensure that this information is communicated. The impact of smoking cessation on the following medicines have been classified as: - High risk (narrow therapeutic index drug and potential toxicity OR rapid dosage adjustments required) - Moderate risk (increased risk of adverse effects +/- dosage amendments required). This list is not exhaustive and these risk categories are provided as a guide and should not act as a substitute for the PGD user's own clinical judgement. HIGH RISK: ○ Olanzapine – see Appendix B ○ Insulin - see Appendix B ○ Theophylline or aminophylline - see Appendix B ○ Warfarin - see Appendix B ○ Erlotinib - see Appendix B ○ Riociguat - see Appendix B MODERATE RISK: ○ Chlorpromazine - see Appendix B ○ Flecainide - see Appendix B ○ Fluvoxamine - see Appendix B ○ Haloperidol - see Appendix B ○ Melatonin - see Appendix B ○ Methadone - see Appendix B ○ Mexiletine - see Appendix B ○ Riluzole - see Appendix B
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	○ Ropinirole - see Appendix B <u>Other cautions</u> ● Cutaneous reactions: Individuals reporting hypersensitivity reactions (including angioedema) and/or severe skin reactions (e.g., Stevens Johnson syndrome) should discontinue treatment and contact a healthcare provider immediately. Although rare, these reactions have been identified from post-marketing reports. ● Effects on ability to drive: Varenicline may cause dizziness, somnolence and transient loss of consciousness, and therefore may influence the ability to drive and use machines. Individuals should be advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether varenicline affects their ability to perform these activities. ● Alcohol: There have been post marketing reports of increased intoxicating effects of alcohol in individuals treated with varenicline. A causal relationship between these events and varenicline use has not been established. Individuals should be advised of possible increased intoxicating effects of alcohol when taking varenicline. ● Side effects on treatment cessation: Up to 3% of individuals report side effects (e.g. increase in irritability, urge to smoke, depression or insomnia) on cessation of varenicline treatment. At the final review appointment, if an individual with a high risk of relapse is experiencing side effects (e.g. irritability because of treatment cessation) refer to their GP Practice or other appropriate specialist for consideration of further/tapering doses.
Action to be taken if the individual is excluded	● Record reasons for exclusion in the appropriate clinical record and any advice given to the individual along with the action taken (e.g. referred to GP Practice) ● Signpost individual back to the referring service, another relevant provider, their GP Practice, appropriate specialist, or mental health service as appropriate. ● Recommend alternative tobacco dependence interventions if appropriate.

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Action to be taken if the individual or carer declines treatment	• Document the reason for why the individual declined and any advice given to the individual along with any action taken (e.g. referred to smoking cessation service). • Any individual who declines treatment should be signposted back to the referring service, another relevant provider, their GP Practice, appropriate specialist or mental health service as appropriate. • Recommend alternative smoking cessation interventions if appropriate
Arrangements for referral for medical advice	If the patient is unable to receive varenicline because of exclusions under this PGD, they may be offered alternative smoking cessation products and advice. If the patient still wishes to obtain varenicline, refer to the referring service, another relevant provider, an individual's GP Practice, appropriate specialist or mental health service as appropriate.

3. Description of treatment

Name, strength & formulation of drug	Varenicline 0.5mg and 1mg tablets
Legal category	Prescription Only Medicine (POM)
Route / method of administration	Orally, swallowed whole with water
Indicate any off-label use (if relevant)	Temperature variations Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the pharmacist must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued. Where medicines have been assessed by a pharmacist in accordance with national or specific product recommendations/manufacture advice as appropriate for continued use this would constitute off-label administration under this PGD.

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	The responsibility for the decision to release the affected medicines for use lies with the pharmacist.
Dose and frequency of administration	Individuals should set a quit date for 7 to 14 days after initiation of varenicline treatment. <u>1) Standard regimen</u> Days 1 to 3: 0.5mg once daily Days 4 to 7: 0.5mg twice daily Days 8 onwards (to complete 12 week course): 1mg twice daily[†] until a total of 12 weeks' treatment has been taken. [†] <i>Intolerance of higher dose (1mg twice daily) of varenicline:</i> for individuals who cannot tolerate the adverse effects (e.g. nausea) of the higher dose of varenicline, and where this is interfering with the attempt to quit, the dose may be reduced temporarily or permanently to <u>0.5mg twice daily</u>. <i>This reduction should be agreed with the individual and the PGD user. Dose reductions should be initiated at review points for repeat supply. If there are any concerns the individual should be signposted back to the referring service, another relevant provider, their GP Practice, appropriate specialist or mental health service as appropriate.</i> <u>2) Extended regimen</u> For individuals who have successfully stopped smoking at the end of 12 weeks' treatment, an additional course of 12 weeks' treatment can be provided, to help maintain abstinence.

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	Weeks 13 to 24 (to complete 24 week course): 1mg twice daily[†] until a total of 24 weeks' treatment has been taken. [†] <i>Intolerance of higher dose (1mg twice daily) of varenicline:</i> For individuals who cannot tolerate the adverse effects (e.g. nausea) of the higher dose of varenicline, and where this is interfering with the attempt to quit, the dose may be reduced temporarily or permanently to <u>0.5mg twice daily</u>. <i>This reduction should be agreed with the individual and the dose reductions should be initiated at review points for repeat supply. If there are any concerns the individual should be signposted back to the referring service, another relevant provider, their GP Practice, appropriate specialist or mental health service as appropriate.</i> <u>3) Renal dosage regimens:</u> For individuals with known moderate renal impairment (CrCl $\geq 30\text{mL/min}$ and $\leq 50\text{mL/min}$): Days 1 to 3: 0.5mg once daily Days 4 to 7: 0.5mg twice daily Days 8 onwards (to complete 12 or 24 week course): 1mg twice daily* until a total of 12 or 24 weeks' treatment has been taken. * <i>Intolerance of higher dose (1mg twice daily) of varenicline in individuals with known moderate renal impairment (CrCl $\geq 30\text{mL/min}$ and $\leq 50\text{mL/min}$):</i> for individuals who do not tolerate the adverse effects (e.g. nausea) of the higher dose of varenicline, the dose may be reduced temporarily or permanently to <u>1mg once daily</u>. <i>This reduction should be agreed with the individual and the dose reductions should be initiated at review points for repeat supply. If there are any concerns the individual should be signposted back to the referring service, another relevant provider, their GP Practice, appropriate specialist or mental health service as appropriate.</i>
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	For individuals with known severe renal impairment (CrCl < 30mL/min): Days 1 to 3: 0.5mg once daily Days 4 onwards (to complete 12 or 24 week course): 1mg once daily <u>Tapering dose</u> Tapering doses are not permitted under this PGD – if potentially indicated refer to an appropriate prescriber. <u>Renal function clarification:</u> The doses given above are for individuals with stable chronic kidney disease and reflect the advice for Creatinine Clearance (CrCl) as detailed in the product SPC. If there is a history of renal failure, supply as per the latest documented CrCl results, if available. However, estimated glomerular filtration rate (eGFR) may be more readily available. If eGFR is the only value available, supply according to eGFR (substituting eGFR for the CrCl figures given above). As CrCl tends to overestimate GFR some individuals may receive a higher varenicline dose as a result so individuals should be advised to promptly report any adverse effects. For further information see BNF prescribing in renal impairment guidance.
Duration of treatment	1. Maximum of 12 weeks permitted for the standard regimen. 2. Maximum of 24 weeks permitted for the extended regimen.
Quantity to be supplied	1) <u>Standard regimen (to complete 12 week course):</u> <u>Initiation (Days 1 to 14):</u> Appropriately labelled initiation pack[†] containing 11 x 0.5mg tablets and 14 x 1mg tablets <u>Maintenance (Day 15 onwards):</u> Appropriately labelled packs of 28 x 1mg tablets can be supplied in

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	instalments to a total of 12 weeks' therapy <i>‡ If there are issues procuring the initiation packs, appropriately labelled packs containing 11 x 0.5mg tablets and 14 x 1mg tablets may be supplied, noting if supplied other than by a registered pharmacist these must be obtained from a licensed pre-packing unit, as per NICE guidance.</i> 2) <u>Extended regimen (to complete 24 week course):</u> <u>Initiation (Days 1 to 14):</u> Appropriately labelled initiation pack[‡] containing 11 x 0.5mg tablets and 14 x 1mg tablets <u>Maintenance (Day 15 onwards):</u> Appropriately labelled packs of 28 x 1mg tablets can be supplied in instalments to a total of 24 weeks' therapy <i>‡ If there are issues procuring the initiation packs, appropriately labelled packs containing 11 x 0.5mg tablets and 14 x 1mg tablets may be supplied, noting if supplied other than by a registered pharmacist these must be obtained from a licensed pre-packing unit, as per NICE guidance.</i> <u>For either of the above regimens where higher dose (1mg twice daily) of varenicline are not tolerated and dose reduced to 0.5mg twice daily:</u> <i>Appropriately labelled packs of 28 x 0.5mg tablets can be supplied in installments to a total of either 12 weeks' therapy (standard regimen) or 24 weeks' therapy (extended regimen)</i> 3) <u>Renal dosage regimens:</u>
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	For individuals with known moderate renal impairment (CrCl $\geq 30\text{mL/min}$ and $\leq 50\text{mL/min}$): <u>Initiation (Days 1 to 14):</u> Appropriately labelled initiation pack[†] containing 11 x 0.5mg tablets and 14 x 1mg tablets <u>Maintenance (Day 15 onwards):</u> Appropriately labelled packs of 28 x 1mg tablets can be supplied in instalments to a total of either 12 weeks' therapy (standard regimen) or 24 weeks' therapy (extended regimen) <i>[†] If there are issues procuring the initiation packs, appropriately labelled packs containing 11 x 0.5mg tablets and 14 x 1mg tablets may be supplied, noting if supplied other than by a registered pharmacist these must be obtained from a licensed pre-packing unit, as per NICE guidance.</i> <u>For the above regimen where higher dose (1mg twice daily) of varenicline is not tolerated and dose reduced to 1mg once daily:</u> <i>Appropriately labelled packs of 28 x 1mg tablets can be supplied in installments to a total of either 12 weeks' therapy (standard regimen) or 24 weeks' therapy (extended regimen)</i> For individuals with severe renal impairment (CrCl $< 30\text{mL/min}$): <u>Initiation (Days 1 to 3):</u> Appropriately labelled pack containing 3 x 0.5mg tablets <u>Maintenance (Day 4 onwards):</u> Appropriately labelled packs of 28 x 1mg tablets can be supplied in installments to a total of either 12 weeks' therapy (standard regimen) or 24 weeks' therapy (extended regimen) Tapering dose (for individuals at high risk of relapse and experiencing side effects): Supply not permitted under this PGD:
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	refer to GP Practice or other appropriate specialist for consideration of further/tapering doses.
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website
Drug interactions	Drug-drug interactions: Whilst the product SPC states that no clinically significant drug-drug interactions exist with varenicline, all concurrent medications must be checked for interactions in case of updated SPC advice. Where a clinically significant drug interaction is identified the individual should be referred to an appropriate clinician for consideration of suitability. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website Drug-smoking interactions: Physiological changes resulting from smoking cessation, with or without treatment with varenicline, may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary. As smoking induces CYP1A2, smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Refer to Cautions section for specific advice. For further advice see: Considering drug interactions with smoking Managing specific interactions with smoking Individuals should be reviewed at each collection point to ensure that any relevant monitoring has been carried out by the individual/their health care professional noting specifically the detail given in Cautions section and Appendix B

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Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website and the BNF The following side effects are listed in the product SPC/BNF as very common/common with varenicline (but may not reflect all reported side effects): ○ Abnormal appetite (increased or decreased) ○ Abnormal dreams ○ Asthenia ○ Chest discomfort (chest pain) ○ Constipation ○ Cough, nasopharyngitis ○ Diarrhoea ○ Dizziness ○ Drowsiness ○ Dry mouth ○ Dysgeusia ○ Dyspnea ○ Fatigue ○ Gastrointestinal discomfort (abdominal distension, abdominal pain, dyspepsia, flatulence) ○ Gastrointestinal disorders (including gastroesophageal reflux disease) ○ Headache ○ Insomnia ○ Joint disorders ○ Muscle complaints (arthralgia, myalgia, back pain) ○ Nausea ○ Oral disorders ○ Pain ○ Skin reactions (rash, pruritus)
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	○ Sleep disorders ○ Toothache ○ Vomiting ○ Increased body weight Reassure the individual that these side effects occur mainly at the beginning of treatment and often resolve, without intervention. These symptoms may also be the result of tobacco withdrawal symptoms and not treatment with varenicline. In the event of a severe adverse reaction (including cutaneous reactions or exacerbation of known psychiatric illness: See Individuals with current or past history of psychiatric disorders for further information), the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report and document in accordance with organisation incident policy. • It is considered good practice to notify the individual's GP Practice and/or other relevant healthcare providers in the event of an adverse reaction.
Written information to be given to patient or carer	• Provide marketing authorisation holder's patient information leaflet (PIL) provided with the product. • Give any additional information in accordance with the local service specification.
Patient advice / follow up treatment	Pharmaceutical • Explain the dose, frequency and method of administration, including how to use the initiation pack. • The individual/carers should be advised to read the PIL. • Inform the individual/carers of possible side effects and their

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	management. • The individual/carer should be advised to seek medical advice in the event of a serious adverse reaction. • The tablets should be swallowed whole with water, they can be taken either with or without food. There is some evidence that taking with food reduces the likelihood of nausea. • Individuals should be warned that the medicine may make them sleepy and not to drive or operate machinery/tools if affected. Individuals should exercise caution before driving or using machinery until they are reasonably certain that varenicline does not adversely affect their performance. Occupational risk should be highlighted, as appropriate. Medical/Psychological • Individuals taking varenicline, or any other treatment for tobacco dependence, should be advised to discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood, or suicidal thoughts (MHRA/CHM advice) and also to contact the PGD user or the tobacco dependence services. • Advise on actions to be taken by individuals with a history of mild to moderate mental health disorders and if their symptoms worsen i.e., discontinue treatment and report to the GP Practice and PGD user as soon as possible. • Tobacco dependence treatment may lead to a change in blood glucose levels. Individuals with diabetes should be advised to be vigilant for signs of hypo/hyperglycaemia and, where usually monitored, be advised to monitor blood glucose more frequently. • Individuals taking medications detailed within the Cautions section of this PGD should be advised on any required action. • Individual to notify their GP Practice of new or worsening cardiovascular symptoms and to seek immediate medical attention if they experience signs and symptoms of myocardial infarction or stroke. Individual • Individuals should set a quit date for 7 to 14 days after initiation of varenicline treatment.
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	• Discuss the major reasons for varenicline failure which are: ○ Unrealistic expectations; ○ Lack of preparation for the potential for the tablets to cause nausea; ○ Insufficient or incorrect use; ○ Insufficient support from a trained tobacco dependence advisor. • Further information that may support adherence as part of shared decision making: ○ Varenicline works by acting on the parts of the brain which are affected by nicotine in cigarettes. ○ Varenicline does not remove all temptation to smoke, but it does make abstinence easier (“it takes the edge off the discomfort”). ○ Approximately one third of individuals may experience mild nausea around 30 minutes after taking varenicline. This reaction usually diminishes gradually over the first few weeks, and most people tolerate it without problems. If this occurs, advise the individual to return for consideration of dosage reduction or if severe, individuals should be referred to their G.P. ○ Tobacco dependence treatment with or without medication is associated with various symptoms (e.g. irritability, poor sleep etc.). Individuals should be made aware that they may experience any of these side effects and on discontinuation of therapy, but it is not clear whether the effects are linked to therapy or to nicotine withdrawal. Advise this is a short-term treatment for long-term benefit. ○ Possible physical changes on stopping smoking, e.g. weight gain and how to manage this. ○ Outline the expectations of both the individual and the PGD user with reference to the ongoing treatment and future appointments. ○ Details of next consultation with the PGD user. • Advise individual/carer to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin,
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	down the sink or toilet.
Additional advice to be given to patient or carer	Patients can benefit from additional lifestyle advice and support from LiveWell Swindon Live Well Swindon Swindon Borough Council 01793 465513
Records	Appropriate records must include the following: • That valid informed consent has been given • Individual's name, address and date of birth • Name of GP Practice where individual is registered or record the individual is not registered with a GP Practice • Name of registered healthcare professional operating under this PGD • Declaration, professional registration (e.g. NMC, GPhC) number and name of registered healthcare professional who supplied the medication • Specify how the individual has/has not met the criteria of the PGD • Relevant past and present medical history and medication history • Name/dose/form/quantity of medicine supplied • Date and time of supply • Documentation of cautions as appropriate • Advice given if individual excluded or declines treatment • Details of any ADRs/allergy status and actions taken • The supply must be entered in the Patient Medication Record (PMR) • That supply was made under a PGD • Any safety incidents, such as medication errors, near misses and suspected adverse events • Any additional requirements in accordance with the local authority service specification • GP Practice to be notified on the day of provision or next working

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	day via usual communication channels (PharmOutcomes) • Details of any drug-smoking interactions, monitoring required and any actions taken. • All records should be kept in line with national guidance. This includes individual data, master copies of the PGD and lists of authorised practitioners. Records should be signed and dated (or a password-controlled e-records). All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.
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4. Key references

Key references	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • National Institute for Health and Care Excellence (2013). Overview Patient group directions Guidance NICE Updated March 2017 Available at: https://www.nice.org.uk/Guidance/MPG2 [• National Institute for Health and Care Excellence (2007). Overview Varenicline for smoking cessation Guidance NICE. Available at: https://www.nice.org.uk/guidance/ta123 • Specialist Pharmacy Service (2023). Considering drug interactions with smoking. Available at: https://www.sps.nhs.uk/articles/considering-drug-interactions-with-smoking/ • Specialist Pharmacy Service (2023). Managing specific interactions with smoking. Available at: https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/ • Medicines and Healthcare products Regulatory Agency (2014). Smoking and smoking cessation: clinically significant interactions with commonly used medicines. GOV.UK. Available at: https://www.gov.uk/drug-safety-update/smoking-and-smoking-cessation-clinically-significant-interactions-with-commonly-used-medicines
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	• National Institute for Health and Care Excellence CKS. Smoking cessation: Which drugs are affected by stopping smoking? Available at: https://cks.nice.org.uk/topics/smoking-cessation/prescribing-information/drugs-affected-by-smoking-cessation/ • West R, Evins AE, Benowitz NL, Russ C, McRae T, Lawrence D, St Aubin L, Krishen A, Maravic MC, Anthenelli RM. (2018). Factors associated with the efficacy of smoking cessation treatments and predictors of smoking abstinence in EAGLES. <i>Addiction</i> (Abingdon, England), 113(8), pp.1507–1516. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6055735/ • National Centre for Smoking Cessation and Training (NCSCT) (2024). Varenicline. Available at: https://www.ncsct.co.uk/library/view/pdf/NCSCT-Generic-varenicline.pdf • National Centre for Smoking Cessation and Training (NCSCT). NHS Standard Treatment Plan (STP) for Inpatient Tobacco Dependence in Mental Health Hospitals. Available at: https://www.ncsct.co.uk/publications/STP-inpatient-mental-health • Agrawal S, Evison M, Ananth S, Fullerton D, McDill H, Perry M, Pollington J, Restick L, Spencer E, Vaghela A. (2024) Medical management of inpatients with tobacco dependency. <i>Thorax</i>; 79:3-11. Available at: https://thorax.bmj.com/content/thoraxjnl/79/Suppl_1/3.full.pdf
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Appendix A- Registered health professional authorisation sheet (example)

PGD - Supply of varenicline tablets as part of a tobacco dependence treatment service commissioned by Swindon Borough Council Public Health

Version 1.1 Valid from: 01st May 2026 Expiry: 31.10.27

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

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Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of INSERT NAME OF ORGANISATION for the above named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

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Appendix B: Drug-smoking interactions

HIGH RISK:

Medication	Impact of smoking cessation	Possible adverse effects	Action	When to implement action
Olanzapine	Metabolism of olanzapine is reduced.	Increased risk of adverse events of olanzapine (e.g. dizziness, sedation, hypotension).	Ensure the service provider who prescribes olanzapine to any individual supplied with varenicline under this PGD are aware of the individual's intention to stop smoking before varenicline is supplied.	Prior to varenicline supply
Insulin	May affect insulin resistance and enhance insulin sensitivity.	Increased risk of hypoglycemia .	Individuals on insulin may be supplied with varenicline but must be advised to monitor their blood glucose levels closely and of the symptoms of hypoglycemia . If the PGD user has any doubts around the ability of the individual to monitor their blood glucose levels, varenicline must not be supplied under this PGD and the individual should be referred to an appropriate care provider.	Prior to varenicline supply
Theophylline or aminophylline	Metabolism of theophylline and aminophylline are reduced.	Could cause plasma theophylline levels to rise, possibly to toxic levels if the dose of	The PGD user must inform the individual's prescriber of their intention to stop smoking and agree subsequent additional monitoring by the prescriber before the individual is supplied with	Prior to varenicline supply

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		theophylline/aminophylline is not adjusted.	varenicline.	
Warfarin	Metabolism of warfarin is reduced.	Increased risk of adverse effects of warfarin (i.e. bleeding).	Individuals on warfarin may be supplied with varenicline but must advise the INR clinic of their intention to stop smoking using varenicline. A blood test should be arranged with the clinic as per their instructions. The pharmacist should check the individual's yellow book on every scheduled consultation ensuring that their INR is being checked regularly, and that it is within the individual's normal range. If the individual is unwilling to disclose this information, varenicline must not be supplied under this PGD and the individual should be referred to an appropriate care provider.	Prior to varenicline supply
Erlotinib	Metabolism of erlotinib is reduced.	Rapid dose reduction required upon smoking cessation.	Ensure the service provider who prescribes erlotinib to any individual supplied with varenicline under this PGD are aware of the individual's intention to have tobacco dependence treatment and the dose is adjusted accordingly before varenicline is supplied.	Prior to varenicline supply

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Riociguat	Metabolism of riociguat is reduced.	Increased risk of adverse effects of riociguat (e.g. dizziness, headache, nausea, diarrhoea).	Ensure the service provider who prescribes riociguat to any individual supplied with varenicline under this PGD are aware of the individual's intention to stop smoking and the dose is adjusted accordingly before varenicline is supplied.	Prior to varenicline supply
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MODERATE RISK:

Medication	Impact of smoking cessation	Possible adverse effects	Action	When to implement action
Chlorpromazine			Individuals taking any of the following medicines should be informed of the increased risk of	
Flecainide				

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Fluvoxamine	Metabolism of medication is reduced	Increased risk of adverse effects (see below for further information)	adverse effects when stopping smoking.	Prior to varenicline supply
Haloperidol			Ensure the service provider who prescribes any of these interacting medicines to any individual supplied with varenicline under this PGD are aware of the individual's intention to stop smoking and the dose is adjusted accordingly prior to stopping smoking, (if required).	
Methadone				
Mexiletine				
Melatonin				
Riluzole				
Ropinirole				

Useful information:

- [Managing specific interactions with smoking](#)
- Individual drug Summary of Product Characteristics (SPC): accessible via:
 - [Electronic medicines compendium](#)
 - [MHRA](#)

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