

Livewell Southwest

**Livewell One You Plymouth
Voucher Scheme Protocol for the Supply of
Nicotine Replacement Therapy**

Version No. 2.0

Expires: July 2024

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent and approved version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Deputy Head of Health Improvement, One You Plymouth, Livewell Southwest

Asset Number: 905

Reader Information

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Asset number	905
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Type of paper	Protocol
Category	Clinical
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Author	Health Improvement Manager, One You Plymouth
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References/sources of information	http://emc.medicines.org.uk/ NICE guidance 92 – Stop Smoking Interventions and services. National Institute for Health and Care Excellence, 2018 British National Formulary, 2017 Action on Smoking and Health (ASH), 2021 Smoking Statistics UKMi Q&A July 2020 What are the clinically significant drug interactions with cigarette smoking? Available via

	www.sps.nhs.uk (https://www.sps.nhs.uk/wpcontent/uploads/2020/03/UKMi_QA_Interactions-withtobacco_update_Jul-2020.pdf accessed [19/02/21] CPMS Fact Sheet 21 Clozapine therapy; role of therapeutic drug monitoring (TDM)
Supersedes Document	V1.7
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
1	New protocol	October 2015	Health Improvement Manager, Livewell Stop Smoking Service	New protocol
1.1	Updated	June 2016	A Hawke	Updated and reformatted
1.2	Updated protocol	November 2017	Health Improvement Manager, Livewell Wellbeing team	Updated Appendix 1 voucher. Alert letter added to appendices. Name changes for Wellbeing team and health improvement practitioners
1.3	Minor update	July 2018	Health Improvement Manager, Livewell Wellbeing team	Updated to include clinically registered nurses within LSW who have completed smokefree training
1.4	Minor update	October 2018	Health Improvement Manager, Livewell Wellbeing team	Updated to include – For the purpose of this document, ‘practitioners’ includes practitioners from the One You Plymouth and LSW employees registered with a professional body who have completed the Smokefree NRT Voucher scheme protocol training
1.5	Minor update	November 2018	Advanced Clinical Pharmacist Health	Updated information on drug interactions in Section 4 and letters. Addition of patient letter. Updated references. Amended Wellbeing team to One

			Improvement Manager, One You Plymouth	You Plymouth Added Clozapine flowchart (Appendix 3)
1.6	Minor update	August 2020	Health Improvement Manager, One You Plymouth	Temporary extension to validity of voucher from 7 days to 14 days due to posting voucher as a result of COVID-19.
1.7	Extended	January 2021	Advanced Clinical Pharmacist Health Improvement Manager, One You Plymouth	Extended.
2.0	Full review	July 2021	Advanced Clinical Pharmacist, Deputy Head of Health Improvement One You Plymouth	Full policy review. Updated with change from paper NRT voucher to e-voucher for issue of NRT via PharmOutcomes. Quit date extended by 4 weeks. Smoking cessation and alert medications and Clozapine flow chart updated. Updated references.

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INTRODUCTION

Livewell Wellbeing Team (LWWBT) has set up an e-voucher system in order to make access to nicotine replacement (NRT) therapy more accessible and to provide a streamlined, convenient service for smokers wanting to quit. Voucher schemes have been used across the country successfully via NHS Stop Smoking Services and are proven to be effective in meeting patient/client needs. However, such a scheme has to be run within NICE guidance (NG 92) and local processes should be implemented to ensure patient/client safety and fraud protection.

This e-voucher scheme protocol must be adhered to fully, by One You Plymouth practitioners, LSW employees registered with a professional body and all pharmacists that are supplying NRT under the e-voucher scheme. The e-voucher protocol has been designed to make the process as simple as possible for all those concerned.

Issue of an e-voucher for NRT should be in accordance with National Centre Smoking Cessation and Training (NCSCT) evidence and best practice, South and West Devon Formulary and Referral (SWDFR) and NICE Guidance for NRT.

In order to meet best practice and to comply with the requirements of the payments systems of LSW a cost-effective prescribing regime has been put in place reflecting the South and West Devon Formulary and Referral (SWDFR). In order to provide equity for all service users across Plymouth, the following steps must be followed at all times.

Practitioners or pharmacists who fail to comply may be challenged with discussion on the process and may require further training.

Abbreviations	
ASH	Action on Smoking and Health
GP	General Practitioner
LSW	Livewell Southwest
LWWBT	Livewell Wellbeing Team
NCSCT	National Centre for Smoking Cessation and Training
NICE	National Institute for Health and Care Excellence
NRT	Nicotine Replacement Therapy
OYP	One You Plymouth
SWDFR	South and West Devon Formulary and Referral

NRT became available on NHS prescription in April 2001. The availability of NRT on NHS prescriptions resulted in an increase in the number of people using NRT to stop smoking and thereby an increase in the number of successful quit attempts. The supply of Bupropion (Zyban®) and Varenicline (Champix®) are NOT covered under this scheme.

Smoking remains the single greatest preventable cause of illness and premature death in England with an estimated 74,000 deaths each year in England as a result, costing the NHS an

estimated £2.5billion/yr (ASH, 2021). Helping people quit smoking, hand in hand with a robust tobacco control strategy, is the primary approach to the overall public health aim to tackle health inequalities.

The use of NRT in helping people stop smoking is regarded by NICE as the most cost effective of all NHS interventions (NICE, 2008).

The use of NRT in an individual who is already accustomed to nicotine introduces few new risks and it is widely accepted that there are no circumstances in which it is safer to smoke than to use NRT. (BNF, 2015).

Overall aim of the scheme

This protocol will significantly improve service delivery and benefit patient care, as clients of the service will be able to have swift and timely access to NRT recommended by the practitioner who is treating them. This protocol will improve access to NRT for people wishing to stop smoking, removing the need to see their GP or receive a prescription or letter of recommendation.

This protocol will streamline the whole LWWBT client pathway and will enable suitably trained OYP Practitioners and LSW employees registered with a professional body to facilitate a quit attempt.

Objectives that build toward the overall aim of the scheme

The objective of this protocol is to set out a system that allows suitably trained OYP Practitioners and LSW employees registered with a professional body to issue an e-voucher for client NRT via PharmOutcomes. This will enable the client to collect their NRT from their local pharmacist and create a 'one stop shop' for specialist smoking cessation clinics in Plymouth. All clients that access the LWWBT and meet the criteria will benefit from this protocol. Clients can include any member of the public who is motivated to stop smoking.

OYP practitioners and LSW employees registered with a professional body who are trained and registered with OYP will be using this protocol.

Only those authorised by name on a written copy of the document may practise under this service protocol. See list of approved practitioners on Page16.

Measuring Effectiveness

Robust practitioner monitoring data will measure the effectiveness of this protocol. This will record the number of people who access the service and set a quit date as well as successful carbon monoxide validated quit attempts, where practicable. Other parameters that will be measured will be:

- Amount of NRT used
- Cost of NRT used
- Number of clients
- Success rates
- Number of e-vouchers issued
- Number of e-vouchers renumerated by Plymouth City Council

Workforce Planning Issues

Only fully trained practitioners will be able to proceed under this protocol. See below for practitioner competencies.

OYP practitioners and LSW employees registered with a professional body who have undertaken appropriate training provided by OYP (in line with National Centre for Smoking Cessation Training NCSCT standards) to carry out clinical assessment of clients that requires treatment according to the indications listed in this specification. Practitioners will be aware of any changes to the recommendations listed and it is their responsibility to keep up to date with continued professional development. The practitioner's judgement will always be based on clinical evidence that the product recommended is best for their patient.

Practitioner Competencies

Practitioners must have the following qualifications, experience and additional training to allow them to work under this protocol:

- Completed the NCSCT online training and assessment programme.
- Attended One You Plymouth Smoking Cessation training. This NCSCT standard training includes detailed tuition on nicotine dependence, dependence assessment, NRT and how to use it, and thorough use of the SWDFR.
- Must be registered as a One You Plymouth practitioner or a LSW employee registered with a professional body who has been trained and registered with OYP
- Must have attended the LSW OYP training on how to use this protocol, 'Voucher Scheme Protocol for the Supply of NRT Training'.
- Practitioners are also expected to attend any relevant training and updates that the LWWBT provides in regard to medicinal developments within the context of NRT, including annual update conference and medications update workshop.
- Completed the LSW Smoking Cessation Competency.

Quality & Safety Assurances

- Practitioners will have regular updates on licensing and product changes.
- Practitioners will have access to all up to date versions of SPCs via the internet on the Electronic Medicines Compendium. <http://emc.medicines.org.uk/>
- This protocol includes a risk assessment form available to use that covers general contra-indications and cautions for NRT (Appendix 1).
- This protocol includes an algorithm to illustrate the process for pharmacy staff. (Appendix 4).

Compulsory training to use this protocol will include:

- Summary of Product Characteristics (SmPC) and how to access online
- Overview of current licensing
- Overview of the SWDFR
- NRT Risk Assessment covering all contra-indications & cautions (Appendix 1)
- How to complete and submit an e-voucher on PharmOutcomes
- Overview of the scheme including typical client pathway
- Documentation of issue of e-voucher in client's clinical notes on SystemOne

E-voucher Scheme Protocol – Guidance for Practitioners

When the e-voucher should be issued:

- When a client is receiving behavioural support from a practitioner with OYP.
- When the client has been assessed as motivated to quit.
- After a smoking history, current use of any medication and relevant medical assessment has been taken and documented, and consent for treatment has been obtained.
- After consultation with the client of the most clinically appropriate medication and client choice in line with SWDFR.
- When the client intends to set a quit date within the next 4 weeks.
- When the client is already smokefree for a period of less than 4 weeks and requires continuation of a course of NRT to support their quit.

Exclusion Criteria:

- If the practitioner feels, for any reason, unsure or uncomfortable about issuing an e-voucher the client should be referred to their GP.
- If the client is under 12yrs.
- If the client is unable to set a quit date within 4 weeks of starting their course of NRT.

Cautions:

- If the practitioner identifies any cautions to the use of NRT (as per Appendix 1: Risk Assessment Tool for Nicotine Replacement) these should be documented in the 'Additional Information' notes box on the e-voucher to ensure the Pharmacist is made aware.

Frequency for issue of the e-voucher:

- In line with the prescribing schedule recommended by SWDFR (2 weeks, 2 weeks, 4 weeks, 4 weeks).
- There may be an occasional need to deviate from this regime to ensure client has sufficient medication. E.g. if they are going away for a period of time longer than 2 weeks.

The amount of NRT to be supplied on each e-voucher:

- The supply of NRT should equate to the prescribing schedule recommended by SWDFR.
- A maximum of **2 product items** can be requested with each e-voucher.

The cost of NRT for clients:

- **If the client pays for prescriptions:**
 - The client will pay for supply of each recommended product for every e-voucher issued. (i.e. if combination therapy is requested then the client will need to pay for TWO prescription fees).
 - The levy status box on e-voucher to be completed by Pharmacist when client collects NRT from pharmacy.
- **If the client does not pay for prescriptions:**
 - No charge will be incurred by the client.
 - The levy status box on e-voucher to be completed by Pharmacist when the client collects NRT from pharmacy.
 - Clients who are exempt from prescription charges are to be advised by the Practitioner they should show proof of exemption to the pharmacist when they collect the NRT.

What to do once the e-voucher is completed:

- The e-voucher is to be submitted to the client's preferred pharmacy via PharmOutcomes
- Advise the client to allow 24hrs for the Pharmacist to process the e-voucher. The pharmacist may want to ask them some questions about their health and other medications to assess their suitability.

- Under this e-voucher system the pharmacist is taking the legal & clinical responsibility for the supply of NRT products that are recommended.

Limited time value of the e-voucher:

- Inform the client they must collect the NRT from their chosen pharmacy within 7 days of issue of e-voucher, otherwise it will be declined.
- If the e-voucher is declined by the Pharmacist a message will be sent to the Wellbeing Team via Pharm Alarm for the practitioner to follow up.

E-voucher Scheme Protocol – Guidance for Pharmacists

When the e-voucher should be issued:

- When a client is receiving behavioural support from OYP.

Frequency for issue of the e-voucher:

- In line with the prescribing schedule recommended by SWDFR.

Cautions:

- If the practitioner identifies any cautions to the use of NRT (as per Appendix 1: Risk Assessment Tool for Nicotine Replacement) these will be documented in the 'Additional Information' notes box on the e-voucher to ensure the Pharmacist is made aware.
- Pharmacists will check the appropriateness of the recommendation for the client taking cautions into consideration. If a pharmacist queries any recommendation, the practitioner should be contacted immediately for further discussion.

The amount of NRT to be supplied on each e-voucher:

- The supply of NRT should equate to the prescribing schedule recommended by SWDFR.
- A maximum of **2 product items** can be requested on each e-voucher.

The cost of NRT for clients:

- **If the client pays for prescriptions:**
 - The client will pay for supply of each recommended product for every e-voucher issued. (i.e. If combination therapy is requested then the client will need to pay for TWO prescription fees).
 - The levy status box on e-voucher indicating exemption status from prescription charges is to be completed by the pharmacist when the client collects their NRT from the pharmacy

- **If the client does not pay for prescriptions:**
 - No charge will be incurred by the client.
 - The levy status box on e-voucher indicating exemption status from prescription charges is to be completed by the pharmacist when the client collects their NRT from the pharmacy.
 - Clients who are exempt should be told they should show proof of exemption to the Pharmacist when they collect the NRT.

Limited time value of the e-voucher:

- Clients must collect their NRT from their preferred pharmacy within 7 days of submission of e-voucher, otherwise it should be declined.

Remuneration for Pharmacists

- For each e-voucher issued the pharmacist will be remunerated with a £2.50 handling fee for administration of the e-voucher, checking the appropriateness of the recommendation and dispensing the NRT. All NRT will be reimbursed at current drug tariff prices.
- All e-vouchers should be fully completed by the pharmacist when the NRT is dispensed.
- Pharmacists will need to complete the NRT Voucher Claim form on PharmOutcomes. This will collect all relevant information for audit as well as requirements for remuneration claims.
- Remuneration for the handling fee per e-voucher and reimbursement of NRT will be paid to pharmacies by the Commissioners, Office of the Director of Public Health, Plymouth City Council.

Step-by-Step Guide to Using the E-Voucher

PRACTITIONERS

1. Log into PharmOutcomes using own unique username and password.
2. Obtain consent from client to share their name, date of birth, address and details of their NRT products with the Pharmacist and their GP via PharmOutcomes
3. Register new client on PharmOutcomes or select ongoing client details if already registered.
4. Complete NRT supply to Pharmacy template and client's preferred pharmacy for collection of NRT.
5. E-Voucher and quantities of NRT to be issued in line with the SWDFR prescribing schedule.
6. Ensure any cautions for NRT or comments for the Pharmacist are clearly documented in the notes box before submitting the e-voucher on PharmOutcomes.
7. Advise the client they will need to show proof of exemption from prescription charges if applicable. Otherwise advise the client they will be charged the current prescription fee per product.
8. Once the e-voucher is issued the NRT is to be collected from the pharmacy within 7 days. Practitioners should make clients aware of this.
9. Document issue of e-voucher and details of the NRT recommended in client notes on SystemOne.
10. Pharmacist to send notification of issue of NRT to the client's GP via PharmOutcomes.
11. If the Pharmacist is unable to process the e-voucher they will contact the Wellbeing Team via the PharmAlarm messaging system maintained at the Wellbeing Team main office.

CLIENTS

1. Provide relevant medical information and current medication as fully and accurately as possible.
2. Visit their preferred pharmacy 2-7 days after submission of e-voucher to collect their NRT
3. State if they are exempt from prescription charges and declare in the appropriate levy box why they are exempt
4. Where appropriate, provide proof of exemption from prescription charges.
5. Where appropriate, pay the relevant prescription charge.

PHARMACISTS

1. Check the date of the e-voucher to ensure the client collects their NRT within 7 days of issue. If the client does not collect within this time frame then NRT should not be issued, and the client will need to return to the LWWBT for a new e-voucher.
2. Check any client cautions
3. Check that a maximum of 2 types of NRT have been requested on the e-voucher.
4. Up to a maximum of 2 items can be supplied for reimbursement.
5. Take the appropriate prescription charge(s) or complete the levy box on e-voucher if proof of exemption has been provided.
6. Issue the client with the respective NRT as requested in the e-voucher.
7. **Strike through** all barcodes for each pack of NRT issued.
8. Complete all parts of e-voucher on PharmOutcomes.
9. Dispense the relevant NRT as appropriate in the normal way, recording details on PharmOutcomes.
10. Notification of issue of NRT and details of products to be sent to the client's GP via PharmOutcomes.
11. If the Pharmacist is unable to process the e-voucher they will contact Wellbeing Team via the PharmAlarm messaging system maintained at the Wellbeing Team main office or via main office phone number 01752 437177

Protocol Authorisation – Development Leads

Professional Group Senior Representative	Title	Deputy Head of Health Improvement
	Organisation	LSW
	Name	<i>Details on electronically signed and stored copy</i>
	Signature	
	Date	
Pharmacist	Title	Advanced Clinical Pharmacist
	Organisation	LSW
	Name	<i>Details on electronically signed and stored copy</i>
	Signature	
	Date	

Organisational Approval

Governance Approval	Title	Governance & Patient Safety Pharmacist
	Organisation	Livewell Southwest
	Name	<i>Details on electronically signed and stored copy</i>
	Signature	
	Date	
Board Approval	Title	Medical Director
	Organisation	Livewell Southwest
	Name	<i>Details on electronically signed and stored copy</i>
	Signature	
	Date	

Approved Practitioners

Protocols 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 and Livewell Southwest policy framework.

I have read and understood the Protocol and agree to supply NRT vouchers only in accordance with this Protocol.

Staff Name & Professional Designation	Signature of Practitioner	Authorising Manager	Date

Appendix 1 - Risk Assessment Tool for Nicotine Replacement

Exclude if Client:

- Does not intend to set a quit date within the next 4 weeks
- Is under 12yrs
- Declines to give consent to have their name, address, date of birth and details of their NRT e-voucher shared with Pharmacist and their GP via PharmOutcomes
- If you feel unsure or uncomfortable at issuing voucher for any reason

*NRT Cautions:

- Previous adverse reaction to NRT
- Oesophagitis, gastritis, active peptic ulcer - Oral preparations should be used with caution in these conditions
- Skin disorders – patches should be used with caution on diseased skin

*Condition Cautions:

- Pregnancy - use 15mg/16hr patch or less in 1st trimester and never use 24 hr patch. 25mg patch can be used in 2nd and 3rd trimester. Avoid use of Liquorice flavoured NRT products
- Breast feeding - 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

*Medication Cautions:

Is the patient on any medications that are affected by stopping smoking in particular Clozapine, Aminophylline/Theophylline, Erlotinib, Olanzapine, Riociguat, Chorpromazine, Warfarin, Flecainide ?

- If yes send alert letter to GP/Consultant and key worker/care co-ordinator. Appendix 3.
- Clozapine flowchart to be followed. Appendix 2.

High Risk of clinically relevant interaction

Clozapine – Any changes to a patients smoking status should be discussed with a Psychiatrist in the first instance. Take clozapine plasma level before stopping smoking. On stopping reduce dose gradually (over 1 week) until around 75% of original dose reached (i.e. reduce by 25%). Repeat plasma level 1 week after stopping. Anticipate further dose reductions. If the patient has stopped smoking and intends to re-start, take their clozapine plasma level before they do so. Increase dose to previous smoking dose over 1 week. Repeat plasma level.

Aminophylline/Theophylline - when stopping smoking a reduction in theophylline dose of up to 25-33% might be needed after one week.

Erlotinib – If the patient stops smoking the erlotinib dose should be immediately reduced to the indicated starting dose. This should be discussed with the patient’s oncologist in the first instance.

Olanzapine - Any changes to a patient's smoking status should be discussed with a Psychiatrist in the first instance. On stopping smoking reduce dose by 25%. Closely monitor patient and consider further dose reductions if necessary according to patient response. If olanzapine plasma level monitoring is available, it may help to take levels before stopping/starting smoking and repeat them one week after the dose change.

Riociguat - A dose decrease may be required in patients who stop smoking. The specialist looking after their pulmonary hypertension should be contacted.

Moderate risk of clinically relevant interaction

Chlorpromazine - when stopping smoking, monitor patient closely & consider dose reduction.

Warfarin - Be alert for the need to alter warfarin doses in patients who have changed their smoking status. Monitoring of smoking status during warfarin therapy is advised. Routine INR monitoring should detect any need for dose adjustments.

Flecainide - if a patient abruptly stops smoking be alert for flecainide adverse effects and be aware that it is likely that the dose of flecainide will need to be reduced.

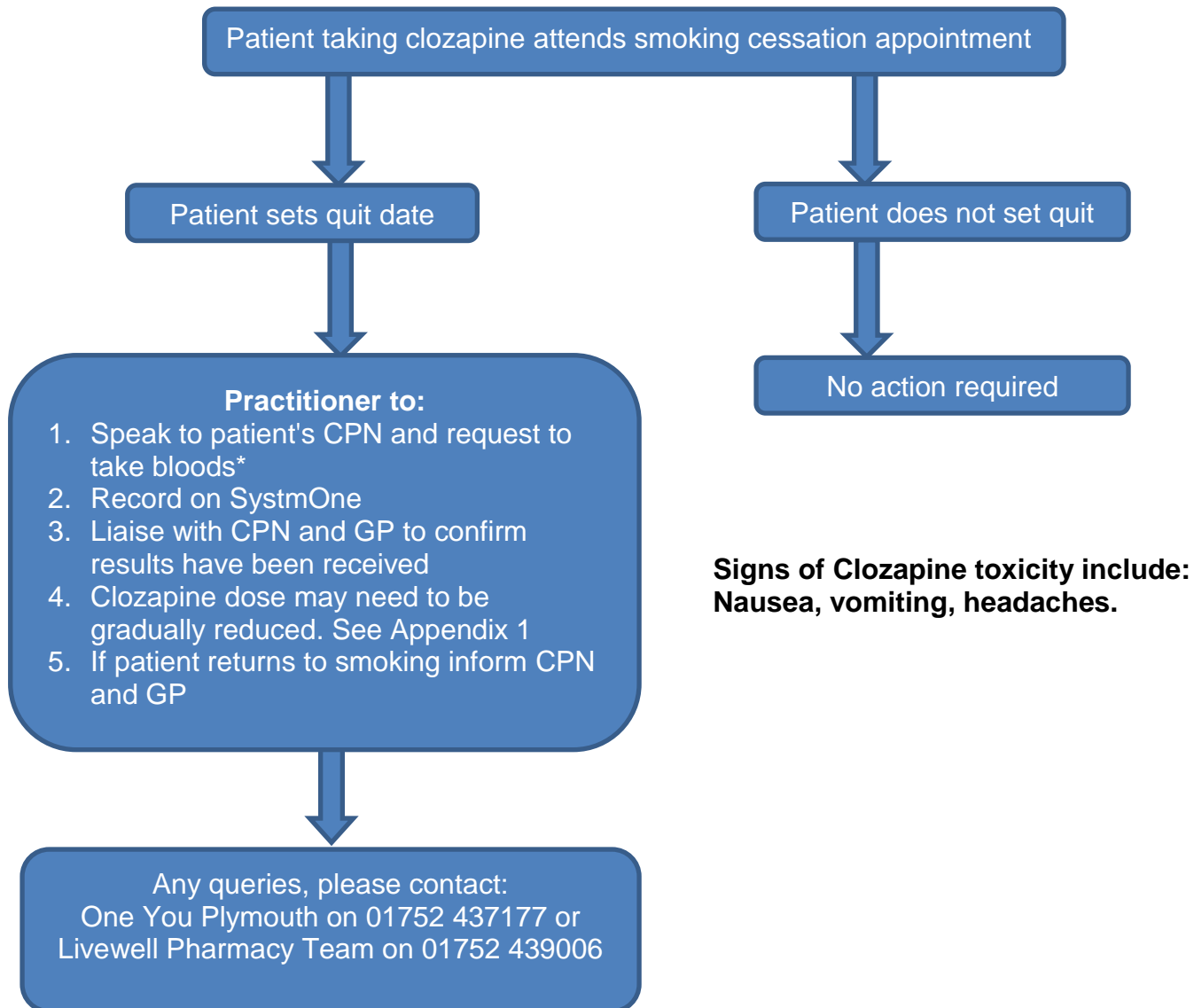
Please note that for all the medications above, if the patient starts smoking again and the medication dose has been adjusted post cessation they will need their medications reviewed again and potentially re-adjusted.

*NRT in special populations:

- In stable cardiovascular disease the use of NRT represents a lower risk than continuing to smoke.
- NRT should be used with caution in hemodynamically unstable patients, hospitalised with severe arrhythmias, MI or CVAs.

OYP Practitioners are qualified to recommend an NRT product even when a caution is highlighted. Identified cautions should be communicated to the pharmacist by filling in the relevant box on PharmOutcomes. Pharmacists will check the appropriateness of the recommendation for the client taking cautions into consideration. If a pharmacist queries any recommendation, LWWBT should be contacted immediately for further discussion.

Appendix 2 – Flowchart for Patients taking Clozapine



***Bloods to be taken prior to the quit date. Repeat plasma level one week after stopping smoking**

Appendix 3 – Alert Letter for Professionals



Date:

TO: GP/Consultant/Care co-ordinator

Dear

SMOKING CESSATION AND MEDICATIONS

The following client is receiving our support to stop smoking

Name:

Date of birth:

NHS Number:

I wish to draw to your attention that this patient is currently prescribed the drug(s) indicated below.

	Tick		Tick		Tick		Tick
Aminophylline Theophylline		Clozapine		Erlotinib		Olanzapine	
Riociguat		Chlorpromazine		Flecainide		Warfarin	

On stopping smoking or converting to Nicotine Replacement Therapy (NRT) or e-cigarettes, there is a risk that the plasma levels of the drug may rise and increase the potential for adverse effects/toxicity. This interaction is an effect of polycarbons in the tobacco smoke which reduce liver enzyme activity over roughly a week. **Please can you monitor and adjust the dosages accordingly.** If the patient is using NRT to help them reduce the number of cigarettes they smoke the changes in plasma levels will probably not be evident until they stop smoking completely.

Clozapine - Take clozapine plasma level before stopping smoking. On stopping reduce dose gradually (over 1 week) until around 75% of original dose reached (i.e. reduce by 25%). Repeat plasma level 1 week after stopping. Anticipate further dose reductions.

If the patient intends to restart smoking, take their clozapine plasma level before they do so. Increase dose to previous smoking dose over 1 week. Repeat plasma level. Dosage adjustments should be undertaken by a specialist, please liaise with the relevant specialist.

Aminophylline/Theophylline - when stopping smoking a reduction in theophylline dose of up to 25-33% might be needed after one week.

Erlotinib – If the patient stops smoking the erlotinib dose should be immediately reduced to the indicated starting dose. Dosage adjustments should be undertaken by a specialist, please liaise with the relevant specialist.

Olanzapine - On stopping smoking reduce dose by 25%. Closely monitor patient and consider further dose reductions if necessary, according to patient response. If olanzapine plasma level monitoring is available, it may help to take levels before stopping/starting smoking and repeat one week after the dose change. Dosage adjustments should be undertaken by a specialist, please liaise with the relevant specialist

Riociguat - A dose decrease may be required in patients who stop smoking. Dosage adjustments should be undertaken by a specialist, please liaise with the relevant specialist

Chlorpromazine - when stopping smoking, monitor patient closely & consider dose reduction.

Warfarin - Be alert for the need to alter warfarin doses in patients who have changed their smoking status. Monitoring of smoking status during warfarin therapy is advised. Routine INR monitoring should detect any need for dose adjustments.

Flecainide - If a patient abruptly stops smoking be alert for flecainide adverse effects and be aware that it is likely that the dose of flecainide will need to be reduced.

If you have any drug queries please do not hesitate to contact me.

Please note that for all the medications above, if the patient starts smoking again and the medication dose has been adjusted post cessation they will need their medications reviewed again and potentially re-adjusted

Yours sincerely

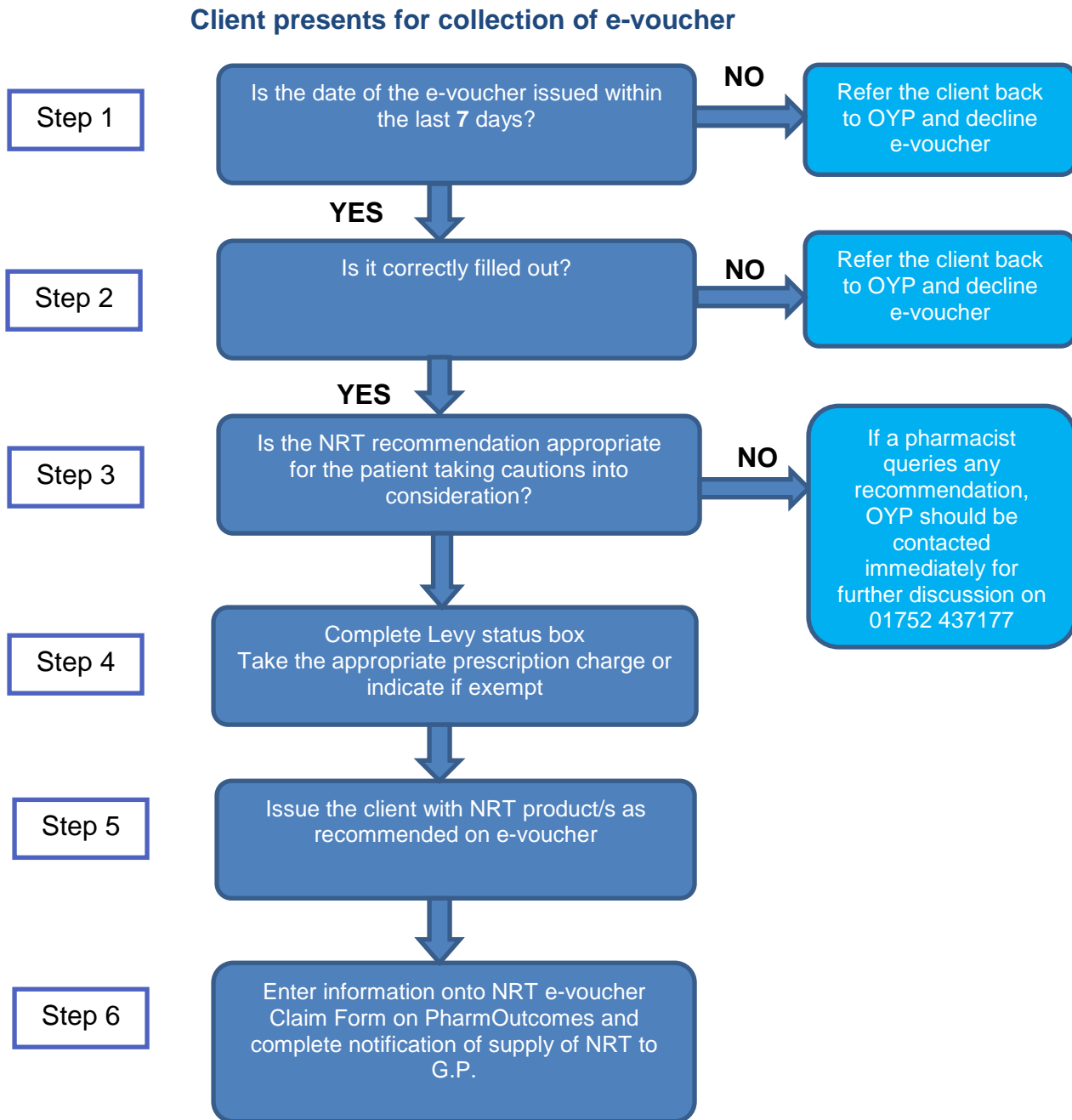
PRINT NAME..... JOB TITLE

We support people to lead independent, healthy lives

Livewell Southwest is a Community Interest Company (CIC).
Company Registration Number 07584107. Registered in England and Wales.
Registered Office Local Care Centre, 200 Mount Gould Road, Plymouth. PL4 7PY

Please scan onto patient record on SystemOne

APPENDIX 4 - NRT E-Voucher Algorithm for Pharmacists



This algorithm is designed as a summary check list. Please read the LSW Voucher Scheme Protocol for the Supply of NRT for more detail. For any enquires please contact Livewell Southwest One You Plymouth on 01752 437177.