

# Prescribing Guidelines for Tobacco Dependency

## Nicotine replacement therapy (NRT) prescribing algorithm

Author: Kar Loon Yee (on behalf of the QUIT implementation group)

For adults ( $\geq 18$  years old)

Approved by D&TC: Nov 2025

Review by: Nov 2028

<b>Moderate / Heavy smoker</b> (Smokes >10 cigarettes daily)	Nicotine (Nicotinell TTS 30) 21mg/24hours Patch 1 daily in the morning for 6-8 weeks, then Nicotine (Nicotinell TTS 20) 14mg/24hours Patch 1 daily in the morning for 2 weeks, then Nicotine (Nicotinell TTS 10) 7mg/24hours Patch 1 daily in the morning for 2 weeks	<b>Administration notes:</b> High- and medium-strength patches are kept as ward stock in general medicine and surgery wards. Apply the patch on waking to dry, non-hairy skin on the hip, trunk or upper arm. Hold in position for 10-20 seconds to ensure adhesion. Remove the patch the following day and place a new patch on a different area. Avoid using the same site for at least seven days. If patient experiences disturbance in sleep, consider removing the patch at bedtime (prescribe as <b>REMOVE NICOTINE Patches</b> on WellSky) and apply on waking the next morning.
<b>Light smoker</b> (Smokes <10 cigarettes daily)	Nicotine (Nicotinell TTS 20) 14mg/24hours Patch 1 daily in the morning for 6-8 weeks, then Nicotine (Nicotinell TTS 10) 7mg/24hours Patch 1 daily in the morning for 2-4 weeks	

### Other prescribing information:

If patient experiences withdrawal symptoms, consider maintaining current strength or increasing to a higher strength patch until the symptoms have subsided.  
If patient experiences excessive side effects that do not resolve within a few days while using the high-strength patch, consider weaning down to a medium-strength patch for the remainder of the initial treatment period and then use the lower strength patch for 2 weeks.  
Continue the prescribing of NRT on discharge for those who have NRT initiated and abstinence maintained throughout admission unless the QUIT team suggests otherwise.  
A minimum of **2 weeks supply** of NRT will be made by DBTH on discharge.

## For pregnant/post-natal/breastfeeding patients

<b>Moderate / Heavy smoker</b> (Smokes >10 cigarettes daily)	Nicotine (Nicorette Invisi) 25mg/16hours Patch 1 daily in the morning for 8 weeks, then Nicotine (Nicorette Invisi) 15mg/16hours Patch 1 daily in the morning for 2 weeks, then Nicotine (Nicorette Invisi) 10mg/16hours Patch 1 daily in the morning for 2 weeks	<b>Administration notes:</b> High- and medium-strength patches are kept in maternity wards. To minimise continuous exposure of nicotine to foetus, NRT patches should be used for no more than 16 hours in any 24-hour period. Apply on waking in the morning and remove at bedtime (prescribe as <b>REMOVE NICOTINE Patches</b> on WellSky).
<b>Light smoker</b> (Smokes <10 cigarettes daily)	Nicotine (Nicorette Invisi) 15mg/16hours Patch 1 daily in the morning for 8 weeks, then Nicotine (Nicorette Invisi) 10mg/16hours Patch 1 daily in the morning for 4 weeks	

### Other prescribing information:

Neither Varenicline nor Bupropion should be offered to pregnant or breastfeeding women.

### Combine with a short-acting NRT preparation

In trials, a combination of patches and short-acting NRT preparation (e.g. lozenges, inhalator, mouth spray) was in general more effective than single preparation of NRT. Short-acting NRT preparations, except lozenges, should only be prescribed either on the advice of a Tobacco Treatment Advisor (TobTA) or if preferred by the patient for any other reason. If not, consider NRT patches +/- lozenges first-line.

NRT preparations	Prescribing information	Administration notes
<p><b>Nicotine lozenges, £</b></p> <p><b>Available as:</b>  <b>Nicotine (NICORETTE Mint) 2mg Lozenges</b>  <b>Nicotine (NICORETTE Mint) 4mg Lozenges</b></p>	<p><i>Dose: One lozenge every 1-2 hours when the urge to smoke occurs; maximum 15 lozenges per day.</i></p> <p>Individuals who smoke fewer than 20 cigarettes daily should use the lower strength lozenges (i.e. 2mg lozenges);</p> <p>Individuals who smoke more than 20 cigarettes daily and those who fail to stop smoking with the low-strength lozenges should use 4mg lozenges.</p> <p>If an adverse event occurs with a high strength lozenge, a lower strength lozenge should be considered instead.</p>	<p>Allow one lozenge to dissolve slowly in the mouth until the taste become strong. The lozenge should then be lodged between the gum and the cheek. When the taste fades, the lozenge should be sucked again. From time to time, move the lozenge from one side of the mouth to the other. This routine should be repeated until the lozenge dissolves completely. Try not to swallow excessively as the nicotine needs to be absorbed through the buccal mucosa. Each lozenge last for approximately 10 minutes.</p> <p>Lozenges should not be used by people with mouth ulcers.</p>
<p><b>Nicotine inhalation cartridge, ££</b></p> <p><b>Available as:</b>  <b>Nicotine 15mg cartridges</b></p>	<p><i>Dose: As required, the cartridges can be used when the urge to smoke occurs or to prevent cravings. Individuals should not exceed 6 cartridges of the 15-mg strength daily.</i></p>	<p>Place the cartridge in the device and draw in air through the mouthpiece. Each session can last for approximately five minutes. The amount of nicotine from one puff of the cartridge is less than that from a cigarette. Therefore it is necessary to inhale more often than when smoking a cigarette. A 15mg cartridge lasts for approximately 40 minutes of intense use. One cartridge ~ 4-6 normal strength cigarettes.</p>
<p><b>Nicotine mouth spray, ££</b></p> <p><b>Available as:</b>  <b>Nicotine 1mg per metered dose oral spray</b></p>	<p><i>Dose: One to Two sprays as required, individuals can spray in the mouth when the urge to smoke occurs, individuals should not exceed 2 sprays per episode (up to 4 sprays every hour); maximum 64 sprays per day.</i></p>	<p>Point the spray nozzle as close to the open mouth as possible. Press the top of the dispenser and release one spray into your mouth, avoiding the lips. Do not inhale while spraying to avoid getting spray down your throat. Do not swallow for a few seconds after spraying to attain best results. Avoid eating or drinking when administering the mouth spray.</p> <p>Note the mouth spray contains small amount of alcohol.</p> <p>Mouth spray is not suitable for everyone and may cause side effects such as mouth and throat irritation, hiccup, coughing, nausea and headache.</p>

## **Varenicline**

Varenicline is a partial nicotine receptor agonist indicated for smoking cessation. It works by reducing cravings and withdrawal symptoms and should only be initiated following assessment and recommendation by a TobTA. Initiation is appropriate in patients who are motivated to quit, typically 7–14 days after commencing treatment.

For patients assessed as suitable for Varenicline by a TobTA:

- Nicotine Replacement Therapy (NRT) should be continued during the inpatient stay.
- Varenicline initiation should occur on discharge, with a maximum of 2 weeks' supply provided by the hospital pharmacy.
- Ongoing prescribing is not funded by primary care (GPs) and must be arranged through community stop smoking services, facilitated by the TobTA.

Patients who are already established on Varenicline prior to admission are advised to have their treatment continued during their hospital stay.

If patient has not managed to quit whilst on Varenicline then patient can have NRT as a replacement for cigarettes alongside Varenicline up to 28 days until they achieve quit. If no quit is achieved after 28 days then Varenicline usage is to be ceased. If in doubt, contact TobTAs for further advice.

## **Dosing recommendation**

### **Normal, mild–moderate renal function (CrCl $\geq$ 30ml/min):**

Days 1–3: 0.5 mg once daily;

Days 4–7: 0.5 mg twice daily;

Day 8 onwards: 1 mg twice daily.

### **Severe renal impairment (CrCl >15ml/min; <30 mL/min):**

Days 1–3: 0.5 mg once daily;

Day 4 onwards: 1 mg once daily

### **End-stage renal impairment (CrCl<15ml/min):**

Varenicline is not recommended

## **Smoking and interactions with medication**

Tobacco smoke contains polycyclic aromatic hydrocarbons that induce certain hepatic enzymes (most notably CYP1A2). For some drugs smoking significantly reduces plasma levels of affected medications. Therefore higher doses of those medications are needed in people who smoke, compared with people who do not smoke.

When someone changes their smoking status or alters the number smoked, the plasma levels of some of the medications, e.g. aminophylline / theophylline, beta-blockers, clozapine, flecainide and insulin, could be affected. Please contact your ward pharmacist for further details.