



Department of Health and Wellbeing

Stop Smoking Service
5th Floor, Britannia House
Broadway
Bradford
BD1 1HX

Tel: 01274 437700
Fax: 01274 438858

Date

Dear Dr.....

Varenicline First Prescription Request

Client name.....DOB.....

Address.....

.....Postcode.....

Current Co level (non smoker 1-6ppm).....ppm

The above patient has attended an assessment appointment today and seems well motivated to stop smoking. We have agreed a plan of action and s/he will be offered on-going appointments for further support.

Having discussed the treatment options available, my client is interested in **Varenicline**.

We discussed its usage and possible side effects, along the lines of the information given in the SPC and patient information leaflet, see <http://www.medicines.org.uk/emc/medicine/19045>

Following the ASH guidance, Varenicline, alongside intensive support, appears to have a superior quit rate to both bupropion and NRT for healthy subjects.

I would be grateful if you would review his/her medical history and medication, with a view to prescribing an *initiation pack of Varenicline as appropriate.

Thank you for your cooperation, if you have any concerns regarding this client's clinical suitability for Varenicline, please contact me on

Comments:

Advisor Contact Details :

*initiation pack = blister pack containing one clear blister of 11x0.5mg tablets and a second blister containing 14x1mg tablets