

Notification of FIRST supply of Varenicline to your patient through the Varenicline PGD

Patient Name	
Address	
Date of Birth	

Dear Doctor

I have supplied the following stop smoking medication to your patient named above, through the South West Yorkshire NHS Foundation Trust/Yorkshire Smokefree Patient Group Direction for the Supply of Varenicline (Champix) Tablets of which I am an accredited Pharmacist.

Varenicline (Champix) titration (starter) pack x
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PGD Requirements

	Yes	No
1. Aged 18 or above		
2. Tobacco dependent and motivated to quit		
3. Agreed to behavioural support during course of Varenicline		
4. Is the client currently pregnant or breastfeeding		
Does the client have history of:		
5. Renal disease		
6. Epilepsy or history of fits or seizures		
7. Sensitivity to varenicline or excipients, or serious side effects from previous course of varenicline		
8. Serious psychiatric illness e.g.schizophrenia, bipolar disorder or major depressive illness.		
Clients must answer YES to Qs 1-3 to be eligible If clients answer YES to any of Qs 4-8 they are NOT eligible for varenicline through the PGD		

Pharmacist Name

Date of supply

Name and Address of Pharmacy

Chair: Ian Black Chief Executive: Rob Webster