

# How to complete the NRT Voucher for prescription

## SECTION A

### Smoking Cessation Advisor:

Will have completed this section

## SECTION B

### Pharmacist:

- Tick all appropriate client status answers
- Complete NRT product table, by adding the brand, quantity & pack size dispensed (Smoking Cessation Advisor will have marked the type of product & strength requested – this could be 2 products & will usually be for two weeks' supply)
- Record whether or not prescription fee collected & how much (one fee per product)
- Sign & date

### FINALLY - Pharmacist:

Store voucher securely in accordance with Caldicott guidelines (it does not need to be returned to Healthy Lifestyles Gloucestershire)

Enter the NRT dispensed on Pharmoutcomes to be reimbursed the costs of products & handling fee.



Nicotine Replacement Therapy Voucher Number (NRT)  
HLG 00000

COMPLETE FORM IN BLUE OR BLACK BIRO

### SECTION A - TO BE COMPLETED BY ADVISOR

#### ADVISOR DETAILS

Provider's Name \_\_\_\_\_ Advisor's Name \_\_\_\_\_  
 Clinic Venue \_\_\_\_\_ Advisor's Job Title \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Signature \_\_\_\_\_

#### CLIENT'S DETAILS (ONE CLIENT PER FORM)

Full Name & Title (Mr, Mrs, Miss, Ms, Dr) \_\_\_\_\_ GP Practice Name \_\_\_\_\_  
 Address \_\_\_\_\_ Relevant Medical Details e.g. pregnancy \_\_\_\_\_  
 Postcode \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Client's Preferred Product/s (inc. strength & dose) \_\_\_\_\_

#### VOUCHER FORM DATES (MUST BE COMPLETED BY STOP SMOKING ADVISOR)

Approximated Quit Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Voucher Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION B - ALL QUESTIONS MUST BE COMPLETED BY THE DESIGNATED PHARMACIST (Maximum 2 weeks' supply per voucher to be issued)

Client exempt from prescription charges  NO  YES  
 Client is pregnant  NO  YES

*Client exemption status:*

Under 16 years of age  
 16, 17 or 18 and in full time education  
 Over 60 years of age or older  
 Valid maternity exemption certificate  
 Valid medical exemption certificate  
 Valid prescription pre-payment certificate  
 Valid war pension exemption certificate  
 Named on a current HC2 charges certificate  
 Income based Jobseeker's Allowance  
 Income support  
 Partner who gets PCGC  
 Entitled to or named on a valid NHS tax credit exemption voucher

Product	Strength (mg) Please circle	Brand (eg. Nicorette, Niquitin, Nicotinell or NicAssist)	Quantity	Pack size
16hr Patch	25mg 15mg 10mg			
24hr patch	21mg 14mg 7mg			
Gum	4mg 2mg			
Lozenge	4mg 2mg 1mg			
Mini Lozenge	4mg 2mg 1.5mg			
S/L Microtab	2mg			
Inhalator	15mg			
Nasal Spray	10mg			
Oral Spray	150mg			
Other items				

Prescription fee collected?  Yes  No *If yes, how much?* £ \_\_\_\_\_

To be completed by Pharmacist. Pharmacies will be reimbursed the costs of products supplied (as in the Chemist and Druggist price list) plus VAT and handling fee of £2 per voucher unless and unless a prescription charge(s) received.

Pharmacy stamp must be CLEAR & READABLE

Pharmacist's name (please print) \_\_\_\_\_  
 Pharmacist's signature \_\_\_\_\_ Date supplied \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION C - CLIENT'S DECLARATION

I have received up to two weeks' supply of NRT product(s) named on this voucher; I declare that the information I have given on this form is correct and complete.

Client's signature \_\_\_\_\_ Date supplied \_\_\_\_/\_\_\_\_/\_\_\_\_

Voucher valid for 4 weeks from issue. All patient data will be kept securely and in accordance with Caldicott guidelines. Information can only be passed to another professional in the interests of effective care.

08-21-v5

## SECTION C

Client: signs & dates declaration

Healthy Lifestyles Gloucestershire