

FOR HEALTHCARE PROFESSIONALS IN IRELAND ONLY



Supporting **Informed Prescribing** of **Citidaron[®]** in Smoking Cessation

Includes patient profiles, clinical checklist, and treatment rationale.



Citidaron[®] (cytisinicline) is indicated for smoking cessation and the reduction of nicotine cravings in smokers who are willing to quit¹

Prescribing information and adverse event reporting details can be found on the back cover

Citidaron[®]

Cytisinicline

Previously used name cytisine

Citidaron®: A Clinically Proven Approach to Smoking Cessation

Well-established efficacy and tolerability²

- In a recent Cochrane review, cytisinicline was associated with a low rate of serious adverse events (2%).
- The review found cytisinicline to be generally well tolerated across multiple clinical trials.
- Side effects, when reported, were typically mild and transient.

Trusted in Smoking Cessation Across Europe for Over 50 Years³

- **Trusted for over 50 years** in European smoking cessation efforts.
- A valuable alternative for patients seeking to quit without nicotine or long-term therapies.



VISIT THE CITIDARON® WEBSITE TO LEARN MORE

Citidaron (cytisinicline) is indicated for smoking cessation and the reduction of nicotine cravings in adult smokers who are motivated to quit.¹ The treatment goal of Citidaron® is the **permanent cessation** of nicotine-containing products.¹



Citidaron®
Cytisinicline
Previously used name cytisine

Citidaron®: A Quit Plan for Patients Ready to Stop Smoking

Citidaron® offers a structured 25-day¹ quit plan designed to support patients through the critical early stages of their quit journey. For many smokers, quitting is not a one-time event – it’s a process. Multiple quit attempts are often needed before success is achieved. Some patients struggle with nicotine replacement therapies (NRT) and look for a different approach.

Where Does Citidaron® Fit Into the Quit Journey?

1. Appropriate as a first-line treatment for motivated adults who would benefit from a short-course, structured plan.
2. Also useful for patients who have previously tried and failed with NRT or other methods.
3. Provides a non-nicotine option for those who may prefer to avoid nicotine-based therapies.
4. Designed for those who want a clearly defined treatment course they can commit to.

Building Confidence – One Day at a Time

×5 Evidence shows that if smokers can remain smoke-free for 28 consecutive days, they are up to 5 times more likely to stay quit for good.⁴



Citidaron's 25-day treatment plan can help enable progress toward the 28-day quit milestone.



By focusing on quitting one day at a time, patients can build momentum and stay motivated.

Sarah: Relapsed After E-Cigarettes, Seeking a Short-Course Treatment Option

Sarah is a motivated mum ready to quit for good – open to prescription treatment for the first time.

Age: 35

Occupation: Secondary school teacher

History:

- 10–15 cigarettes/day for 10 years
- Tried e-cigarettes – relapsed after 6 months
- No prior use of prescription therapies
- Mild asthma (reliever inhaler use only)
- Recently started a fitness program

Motivation to Quit:

- Scored 9/10 – very motivated
- Wants to be a positive role model for her teenage daughter
- Experienced side effects with nicotine patches

Why prescribe Citidaron®?

- Over 18 and under 65 – eligible for treatment
- Strong health focus suggests good adherence
- Ideal candidate for short-course, non-NRT therapy



“ I’ve been smoking for years, and I know it’s time to stop. I want something simple that works – no nicotine, no patches, just a clear plan I can stick to. ”

— Sarah, 35, Secondary School Teacher

(Tried e-cigarettes. Ready to quit for herself and her daughter.)

Aisha: Future Mum Seeking a Way to Quit before Having a Baby

Aisha is a 26-year-old smoker who wants to stop smoking before trying to conceive. She's highly motivated to protect her future pregnancy and is looking for a straightforward, short-term option that avoids nicotine.

Age: 26

Occupation: Shop assistant

History:

- 10–15 cigarettes/day for 12 years
- No previous use of prescription cessation therapies
- Tried patches once — caused skin irritation and nausea
- Recently stopped using e-cigarettes due to concerns about long-term effects

Motivation to Quit:

- Scored 9/10 on readiness scale
- Planning to start a family in the next 6 months
- Wants to quit before conception to support a healthy pregnancy
- Prefers a defined quit plan — ideally short-term and medication-led

Why prescribe Citidaron®?

- Under 65 and otherwise healthy
- Strongly motivated to quit ahead of pregnancy
- Prior NRT intolerance; seeks a non-nicotine option
- Suitable for a short, structured treatment course she can commit to



“ This time it really matters. I want to quit before I get pregnant — and I want something that gives me a plan, not just patches or willpower. ”

— Aisha, 26, Shop assistant

(Planning pregnancy. Prefers short, non-nicotine approach.)

Patrick: High-Dependence Smoker Seeking a Nicotine-Free Option

Patrick is a long-term smoker with high dependence, multiple failed quit attempts, and a strong motivation to change.

Age: 59

Occupation: Office worker

History:

- 20 cigarettes/day for 35 years
- Tried quitting twice (patches, cold turkey) – unsuccessful
- Expresses frustration with cravings and weight gain
- Recently diagnosed with hypertension; advised to quit
- Covered under the GMS scheme

Motivation to Quit:

- Scored 8/10 on readiness scale
- Wants to improve long-term health for his grandchildren
- Prefers straightforward, pill-based options
- Keen to avoid long-term or nicotine-based treatments

Why prescribe Citidaron®?

- Within age eligibility (<65)
- High nicotine dependence with strong motivation
- Has failed with nicotine-based therapies
- Short, structured, non-NRT option aligns with patient goals
- GP-led prescribing and support would help reinforce success



“ I don’t want to rely on nicotine anymore. I just want something simple that works – and a real plan to help me get there. ”

— Patrick, 59, Office worker

(Tried patches and going cold turkey. Motivated but frustrated.)

Quit Match Checklist – Is Citidaron® the Right Choice?

This quick checklist supports prescribers in identifying adult smokers who are suitable candidates for Citidaron® (cytisinicline) – based on clinical eligibility and behavioural readiness.

If the patient meets all or most of the above criteria, Citidaron® may be an appropriate treatment choice.

Patient Suitability Checklist

Patient Criteria	Tick if Yes
Aged between 18 and 65 years	<input type="checkbox"/>
Current daily smoker (regular nicotine use)	<input type="checkbox"/>
Motivated to quit within the next 30 days	<input type="checkbox"/>
Not currently using another smoking cessation medication (e.g. varenicline, bupropion, NRT)	<input type="checkbox"/>
No known hypersensitivity to cytisinicline or excipients	<input type="checkbox"/>
No contraindicated conditions, such as unstable angina; recent myocardial infarction or stroke; clinically significant arrhythmias; pregnancy and breastfeeding.	<input type="checkbox"/>

Note: Prescribing decisions should always follow clinical judgment. For full prescribing information, refer to Citidaron SmPC at www.medicines.ie/medicines [Accessed: November, 2025]

References

1. Citidaron® Summary of product characteristics. Available at <https://www.medicines.ie/medicines> [Accessed November 2025]
2. Lindson N, Theodoulou A, Ordóñez-Mena J M, Fanshawe T R, Sutton A J, Livingstone-Banks J, et al. Pharmacological and Electronic Cigarette Interventions for Smoking Cessation in Adults: Component Network Meta-Analyses. *Cochrane Database Syst Rev.* 2023;9(9):Cd015226.n
3. Karnieg T, Wang X. CYTISINE for smoking cessation *CMAJ* 2018;190(19):E596.
4. Health Service Executive (HSE). We Can Quit - Get Help to Quit Smoking. 2024. Available from: <https://www2.hse.ie/living-well/quit-smoking/get-help-to-quit/we-can-quit/>. [Accessed: September, 2025]

Citidaron (Cytisinicline) Abbreviated Prescribing Information. Please refer to the Summary of Product Characteristics for full details.

Product name: Citidaron 1.5mg tablets Composition: 1.5mg of Cytisinicline (previously used name: cytisine).

Indication: Smoking cessation and reduction of nicotine cravings in smokers willing to stop. Treatment goal is the permanent cessation of use of nicotine-containing products.

Posology and administration: Adults: One pack (100 tablets) is sufficient for a complete treatment course of 25 days: Day 1-3: 1 tablet every 2 hours (maximum 6 per day); Day 4-12: 1 tablet every 2.5 hours (maximum 5 per day); Day 13-16: 1 tablet every 3 hours (maximum 4 per day); Day 17-20: 1 tablet every 5 hours (maximum 3 per day); Day 21-25: 1-2 tablets a day (maximum 2 per day). Stop smoking no later than 5th day of treatment; continuing smoking may aggravate adverse reactions. In case of treatment failure, discontinue; may be resumed after 2 to 3 months.

Special populations: Renal or hepatic impairment: no clinical experience; not recommended. **Elderly (over 65 years):** limited clinical experience; not recommended. **Paediatric population (under 18 years):** Safety and efficacy not established; not recommended.

Method of administration: Orally with water.

Contraindications: Hypersensitivity to active substance or excipients; unstable angina; recent myocardial infarction or stroke; clinically significant arrhythmias; pregnancy and breastfeeding.

Warnings and precautions (see SmPC for full details): Only for patients with serious intention of weaning off nicotine. Patient should be aware that simultaneous smoking or use of nicotine-containing products could lead to aggravated adverse reactions of nicotine. Use with caution in: ischemic heart disease, heart failure, hypertension pheochromocytoma, atherosclerosis and other peripheral vascular diseases, gastric and duodenal ulcer, gastroesophageal reflux disease, hyperthyroidism, diabetes and schizophrenia. Polycyclic aromatic hydrocarbons in tobacco smoke induce metabolism by CYP 1A2 (and possibly CYP 1A1). Stopping smoking may slow metabolism and raise blood levels of such drugs. Potentially clinically important if narrow therapeutic window, e.g. theophylline, tacrine, clozapine, ropinirole. Levels of products partly metabolised CYP1A2 e.g. imipramine, olanzapine, clomipramine,

fluvoxamine, may also increase; data are lacking, clinical significance unknown. Limited data indicate metabolism of flecainide and pentazocine may be induced by smoking. Be aware of serious neuropsychiatric symptoms in patients attempting to quit smoking, with or without treatment, including: depressed mood, rarely including suicidal ideation and suicide attempt; exacerbation of underlying psychiatric illness (e.g. depression) - take care in these patients and advise accordingly. (See Pregnancy).

Pregnancy: Contraindicated. Women of childbearing potential must use highly effective contraception. If on systemically acting hormonal contraceptives, add a second barrier method. **Breastfeeding:** Contraindicated. **Fertility:** No data available.

Undesirable effects: Very Common (≥1/10): change in appetite (mainly increase), weight gain, dizziness, irritability, mood changes, anxiety, sleep disorders (insomnia, drowsiness, lethargy, abnormal dreams, nightmares), headaches, tachycardia, hypertension, dry mouth, diarrhea, nausea, changes flavour, heartburn, constipation, vomiting, abdominal pain (especially in the upper abdomen), rash, myalgia, fatigue. **Common (≥1/100 to <1/10):** difficulty in concentration, slow heart rate, abdominal distension, burning tongue, malaise.

Price: <https://www.consilienthealth.ie/our-medicines/pricing-of-our-medicines/>
Legal Classification: POM.

MA number: PA22714/001/001.

Marketing Authorisation Holder: Aflofarm Farmacja Polska Sp. z o.o. CRN00D3GH, Partyzancka 133/151 Pabianice 95-200 Poland. Further information is available on request from Consilient Health Ltd, Block 2A Richview Office Park, Clonskeagh, Dublin 14.

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Adverse events should be reported. Reporting forms and information are available from HPRÁ Pharmacovigilance on the HPRÁ website www.hpra.ie. Adverse events should also be reported to Consilient Health at drugsafety@consilienthealth.com or 012057766.

