

Varenicline

Chantix

Less craving, more support for quitting. Choose a plan that fits your life, then adjust it with your team.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

NICOTINE-FREE TABLET

AFTER FOOD, WITH A FULL GLASS OF WATER

The main nicotine target helps explain quitting benefits. Other diagram targets do not imply extra proven benefits.

What it is used for

Helps adults stop smoking by reducing cravings and the reward from cigarettes. Counseling or quit-line support improves the treatment plan.

Sometimes prescribed for stopping nicotine vaping or other tobacco use. These uses have different evidence and are not the FDA smoking indication.

How it works

Partly activates nicotine-sensitive receptors while limiting nicotine's effect. It contains no nicotine and is not a controlled medicine.

It does not make smoking harmless or guarantee that cravings disappear. A difficult day or a lapse is a reason to seek support, not give up.

What to expect over time

FIRST WEEK

The dose usually rises gradually. You may still smoke while preparing to quit; you do not have to keep smoking.

QUIT PLAN

Often quit around day 8, or choose a date in days 8–35. A slower reduction plan is also possible.

12-WEEK REVIEW

The usual course is 12 weeks from starting tablets. Your team may recommend longer treatment.

Taking your medication

Follow your prescription. The usual start is 0.5 mg daily for 3 days, then 0.5 mg twice daily for 4 days, then 1 mg twice daily.

Take after eating with a full glass of water. Kidney problems or side effects may require a lower dose.

Do not raise the dose or add nicotine products yourself. Ask about nausea, dreams or sleep problems before adding a sleep aid.

When to get help

Stop and call promptly: new or worsening depression, unusual agitation, major behavior/thinking changes or sleepwalking.

Call 911: a seizure, immediate danger from suicidal thoughts, chest pain, stroke symptoms or severe breathing trouble.

Stop and get urgent care: face/throat swelling or a blistering/peeling rash, especially with mouth sores.

Early side effects

Nausea, vivid dreams, poor sleep, headache, constipation or gas may occur. Food and water can help nausea. Ask about a lower dose or earlier evening timing if symptoms persist.

Other effects to discuss

Smoking withdrawal can affect mood, appetite and sleep too. Do not assume a serious change is normal withdrawal. Weight changes are possible. Avoid driving while dizzy, sleepy or distracted.

What to keep track of

Keep track of smoking, cravings, doses, sleep and mood. Tell your team when smoking decreases or resumes: other medicine doses may need to change. Kidney tests are used when relevant.

Before you start

Discuss seizures, kidney disease or dialysis, heart/blood-vessel disease, past serious skin/allergic reactions, mood changes and all medicines. Tell your team about pregnancy, plans for pregnancy or breastfeeding; choose a cessation plan together. If used while breastfeeding, ask about monitoring the baby for excessive vomiting or seizures. These adult dose instructions are not a child's prescription.

Medicines & interactions

Your usual medicines

Stopping or reducing smoking can raise levels of some medicines, especially clozapine and olanzapine. Warfarin, insulin and other treatments may also need monitoring. Tell your prescriber before changing smoking habits; do not change those doses yourself.

Nicotine and other quit medicines

A clinician may sometimes combine treatments, but the benefit and side effects vary. Do not add patches, gum, lozenges or bupropion without checking your plan.

Alcohol and sleep medicines

Alcohol may affect you more strongly, with blackouts or unusual behavior. Reduce drinking until you know your response; if you are alcohol-dependent, ask for a safe plan first. Check sleep aids or other sedating medicines with your team.

Everyday tips

Pick a quit date or a written reduction plan. Remove smoking cues and plan something to do when cravings arrive.

Ask for counseling or free quit-line support at 1-800-QUIT-NOW. You do not have to manage this alone.

Tell someone you trust what symptoms to watch for, especially changes in mood, behavior or sleepwalking.

If you smoke again, contact your team and continue the agreed plan unless a safety problem requires stopping. Another attempt is worthwhile.

Your questions, answered

What if I miss a dose?

Take it when remembered unless it is almost time for the next. Skip rather than double. Ask for a restart plan after a longer break.

Do I have to stop smoking on day 1?

No. Most people start before their quit date. You can quit sooner if ready; a slower, planned reduction is another option.

Can I stop as soon as cravings improve?

Discuss when to finish. Usually no taper is required, but some people notice irritability or poor sleep after stopping. Keep relapse-prevention support in place.

Will it change my personality?

That is not the goal, but unusual mood or behavior changes can happen. Stop and contact your team if you or someone close to you notices a significant change.

Storage & safety

Keep tablets at room temperature in a secure place, away from children and pets. Never share. For an accidental ingestion or too much medicine, call Poison Control at 1-800-222-1222; call 911 for collapse, seizures or breathing trouble.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=1d4c9535-f185-4ea3-9140-60c4bb77f736&type=display>
 2. <https://sps.nhs.uk/articles/managing-specific-interactions-with-smoking/>
 3. https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/tobacco/Tobacco-Cessation-CPG_2026-Guideline_final_20260109.pdf
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