REQUEST TO PRESCRIBE BUPROPION (ZYBAN) FOR SMOKING CESSATION

ONE YOU SURREY

GP Surgery: **Date:**

Patient: **D.O.B:**

Your patient is attending our 12-week stop smoking programme and will be receiving weekly support and monitoring. We have agreed a plan of action, and following discussion of the treatment options available, they would like to use bupropion (Zyban) to support them in their quit journey. During our initial consultation with the patient, we highlighted the contra-indications and cautions of bupropion to them, and any medical conditions or medications they have told us about which may be relevant to the use bupropion are indicated in the table below. We also informed them of the adverse effects of the drug. However, our staff are not qualified medical professionals, and do not have access to your patient's medical record. We would therefore request that you consider prescribing bupropion if appropriate. Please note: blood pressure monitoring is required before and during treatment of bupropion (Zyban), especially in patients with hypertension.

	Yes/No
Breastfeeding or pregnant (not recommended)	-
Under 18 years old (not recommended)	-
Severe hepatic cirrhosis	-
History of bipolar disorder	-
Hypertension	-
Has renal (kidney) impairment	-
Has hepatic (liver) impairment	-
Taking Monoamine Oxidase Inhibitors	-
Current seizure disorder or any history of seizures	-
Current or previous diagnosis of anorexia or bulimia nervosa	-
Has a known central nervous system tumour	-
Experiencing abrupt withdrawal from alcohol or benzodiazepines	-
Alcohol abuse	-
History of head trauma	-
Diabetes treated with hypoglycaemics or insulin	-
Use of stimulants or anorectic products	-
Currently taking antidepressants, psychoactive drugs and other higher risk drug groups*	-
Have a known diagnosis of Brugada syndrome	-
Additional comments:	

The section above will be completed by the stop smoking practitioner

**Important interaction/caution groups include medicines for depression or psychosis, drugs that lower the seizure threshold, antiarrhythmics, enzyme inducers/inhibitors including some epilepsy medications, and tamoxifen. Final prescribing responsibility remains with the GP/prescriber, using their clinical system tools to prescribe safely.*

Please can you write a prescription for the following dosage, if appropriate, (stop smoking practitioner to select):

☐ Days 1-6: 150mg ONCE daily Days 7-14: 150mg TWICE daily	2 week supply	150mg x 22 tablets
☐ Days 15-42: 150mg TWICE daily	4 week supply	150mg x 56 tablets
☐ Days 43-63: 150mg TWICE daily	3 week supply	150mg x 42 tablets

If you determine that this patient is not suitable for bupropion (Zyban), please ask the patient to contact us.

Please do not hesitate to contact me if you have any questions.

Yours sincerely,

Name of practitioner: **Tel:**

Pharmacy / Practice / Group: