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Interprofessional Primary Care Medical Directive for Smoking Cessation

Adapted from Federation of Health Regulatory Colleges of Ontario Template Updated September 25, 2017

Title: Prescription of Bupropion (Zyban)

Number: _____

Activation Date: _____

Review Due By: _____

Directive Order:

Initiate, adjust, renew, and/or discontinue bupropion by authorized regulated health professional(s) working within the smoking cessation program with or without prior consultation with the physician.

The bupropion dosing is as follows:

- The initial prescription is bupropion 150 mg daily (in the morning) x 3 days, then 150 mg BID for day 4 to week 12
- The prescription may be renewed for an additional 12 weeks as required for patients who would benefit

*Note: Bupropion may be used in conjunction with Nicotine Replacement Therapy (NRT)

Desired Outcomes:

Patients ready to quit or reduce smoking will be provided with the appropriate pharmacologic smoking cessation aids and counseling to support them in achieving their goal.

Recipient Patients:

- Patient in preparation/action stage of readiness to quit or reduce smoking
- Patient willing and able to follow up with health care providers on regular basis per the smoking cessation plan

Authorized Implementer(s):

Regulated Health Professional (s) working within the smoking cessation program/clinic/ or service according to their scope of practice including:

- Completion of a recognized smoking cessation training program (e.g., Centre for Addiction and Mental Health (CAMH TEACH Program), Ottawa Model for Smoking Cessation Education and Training, and/or interprofessional core competencies for smoking cessation
- Review of the Medical Directive and any additional training on an annual basis
- Review of the bupropion product monograph
- Demonstration of understanding of bupropion, criteria, and protocols affiliated with its usage

Indications:

All patients under the care of a primary care provider who are seen for a smoking cessation consult (*Quit Plan Visit)* and for whom bupropion is deemed appropriate for their smoking cessation plan.

Contraindications:

Absolute Contraindications:

- Pregnancy or breast feeding
- Personal or Family history of Seizure disorder
- History of head trauma
- Bipolar Disorder
- Presently taking Bupropion/Wellbutrin
- Previous adverse reaction to Zyban or Wellbutrin
- Pre-existing or current eating disorder e.g., bulimia, anorexia nervosa
- Recent history of excessive use of alcohol/sedatives (withdrawal of either may increase the risk of seizures)
- Currently taking MAO inhibitor or the antipsychotic Thioridazine

Relative Contraindications:

- Presently taking anti-depressants, antipsychotics, corticosteroids, theophylline, cocaine or diet pills/appetite suppressants
- Presently taking a quinolone antibiotic e.g., ciprofloxacin, levofloxacin
- Severe hepatic or renal impairment
- Recent history of severe hypoglycemic events (increases the risk for seizures)
- Central nervous system tumor

Patient Consent: Consent is implied when the patient has participated in shared decision-making prior to initiation, adjustment, renewal, or discontinuation of bupropion.

Guidelines for Implementing the Directive:

During initial consultation:

- Authorized Implementer(s) assess the patient's health history, including smoking history

For subsequent visits:

- Authorized Implementer(s) assess smoking status, withdrawal symptoms, cravings, & any side effects or adverse events

A change in dose or discontinuation of bupropion may be necessary if patient experiences any side effects or adverse events.

The Authorized Implementer (s) will advise patient taking bupropion to:

- Register for the Smoking Cessation Follow-up Support Program/Service or have a follow-up visit within the recommended timeframe from the initial prescription as per the smoking cessation plan
- Set a quit date falling within one to two weeks after starting bupropion
- Take each tablet at least eight hours apart and to never exceed 300 mg/day
- Avoid alcohol use
- Report any possible side effects to their prescribing health care professional or primary care provider
- Be informed of possible changes to their mood and to inform the prescribing health care professional or their primary care provider if they experience changes in their mood that are not typical for them
- Discontinue drug use immediately if they experience a seizure
- Seek medical attention for any 'serious' adverse drug reactions such as a seizure

Documentation & Communication:

The Authorized Implementer(s) will document that the contraindication screening was completed and the bupropion therapy initiated, adjusted, renewed, and/or discontinued.

Documentation should also include:

- Date and time
- Assessment in determining need to implement this directive
- Evaluation of the patient's response to treatment (e.g., reported side effects)
- Bupropion name, dose, route, frequency, and duration
- Refills
- Authorized Implementer's name, designation, and signature
- Medical Directive Title & Number

Communication should include:

- The prescription for bupropion will be provided to the patient with a copy in the chart
- Notify patient's primary care provider when initiating, renewing, titrating and/or discontinuing bupropion as per the patient's smoking cessation plan
- If patient is still smoking, experiences any side effects or adverse events
    - This will be communicated to the prescribing health care professional and primary care provider and documented in the chart

- The primary care provider will be notified of any serious adverse events within the recommended timeframe as per the smoking cessation plan

- Authorized Implementer(s) carrying out this directive may direct questions to the primary care provider at any time
- Authorized Implementer(s) will seek consultation with the primary care provider regarding individual patient issues/care as needed

Review and Quality Monitoring Guidelines:

- The Medical Director/Lead Physician, is responsible to review and modify directive on an annual basis as required
- If new information becomes available between annual reviews, such as new clinical best practice recommendations, the directive will be reviewed by an Authorizer and an Implementer
- The Authorized Implementer(s) is responsible to monitor the use of this Medical Directive and to review its use on an annual basis & communicate to the Medical Director/Lead Physician/ Nurse Practitioner

Administrative Approvals (as applicable):

Appendix A Attached: **Yes** X **No** **Title:** Authorized Approval Form

Approving Physician (s) or Nurse Practitioners Authorizer(s):

The Medical Director/Lead Physician will also sign the signature page at the back of the directive, authorizing use of the directive.

Adapted from:

University of Ottawa Heart Institute (2011). The Prescription of Bupropion- Medical Directive. Health Promotion & Disease Prevention Program: Smoking Cessation. The Ottawa Model for Smoking Cessation in Primary Care.

Queen's Family Health Team (2011). Prescription of Bupropion in the QFHT Smoking Cessation Program.

Appendix A

Authorizer Approval Form

Name	Signature	Date

Last Updated September 25, 2017