



**Department of Health and Wellbeing
Stop Smoking Service
5th Floor, Britannia House
Broadway
Bradford
BD1 1HX**

Date:

**Tel: 01274 437700
Fax: 01274 438858**

Dear Doctor.....

Bupropion First Prescription Request

Client name:..... Date of birth.....

Address:..... Postcode:.....

Current carbon monoxide levelppm

The above patient has attended an assessment appointment today and seems well motivated to stop smoking. We have agreed a plan of action and s/he will be offered on-going appointments. Having discussed the treatment options available, my client is interested in bupropion. (Zyban) We discussed its usage and possible side effects, along the lines of the information given in the SPC and patient information leaflet.

Bupropion, alongside intensive support, has been proven to be effective in heavily dependant smokers who have perhaps made unsuccessful quit attempts using NRT.

I would be grateful if you would review his/her medical history and medication, with a view to prescribing bupropion if appropriate.

PLEASE NOTE: the bupropion SPC advises, “a baseline blood pressure should be obtained at the start of treatment with subsequent monitoring, especially in patients with pre-existing hypertension” It also states that “The consumption of alcohol during Zyban treatment should be minimized or avoided” (GSK. Last updated on the eMC 9th March 2015)

The client has mentioned the following medical conditions and medication, which may be relevant to the use of bupropion:

Please issue a prescription for one half of the treatment course – 60 tablets, 150mg BD(or 150mg OD –for a full list of the cautions and contraindications, please refer to the summary of product characteristics (SPC)available at <http://emc.medicines.org.uk>)

Should you have any concerns regarding this client’s clinical suitability for bupropion please discuss it with me on tel no:.....

Thank you for your co-operation

Advisor Contact Details :