PROTOCOL FOR PHARMACIST PRESCRIBING FOR TOBACCO CESSION

A. TITLE

New Mexico Pharmacist prescribing of tobacco cessation, as intended to support and pursuant to, New Mexico Board of Pharmacy Regulation (16.19.26)

B. PURPOSE

To assist Pharmacists in providing safe and effective tobacco cessation drug therapy.

C. GUIDELINES

All pharmacists participating in prescriptive authority for tobacco cessation drug therapy will follow the US Department of Health and Human Services, Public Health Services, Clinical Practice Guideline.

D. PHARMACIST MANDATES

a. Pharmacists with prescriptive authority will document all prescription orders and with patient authorization, provide notice to the patient's primary practitioner within 15 days of writing the prescription.

b. Pharmacists with prescriptive authority will take patient histories and consult with patients’ medical providers as appropriate.

c. Pharmacists with prescriptive authority will follow patients according to recommended guidelines.

E. GENERAL RECOMMENDATIONS

a. Pharmacists will follow the US Department of Health and Human Services, Public Health Services, Clinical Practice Guideline – Treating Tobacco Use and Dependence.

b. Pharmacists will implement the Five A’s (ask, advise, assess, assist, arrange) to help patients quit using all forms of tobacco.

c. Pharmacists will include an education component including both face to face and telephonic/electronic interventions to patients of 90 minutes.

F. HEALTH SCREENING

a. patient history.

b. family history.

c. current living environment.
d. concurrent illness.

e. allergies and hypersensitivities.

f. medication history.

G. PRESCRIBING

a. Medications which may be prescribed:

1. Nicotine replacement therapies
2. patch
3. gum
4. inhaler
5. lozenge
6. nasal spray
7. Bupropion
8. Other FDA approved products for tobacco cessation.

H. CONTRAINDICATIONS AND PRECAUTIONS

See clinical practice guidelines.

H. PATIENT EDUCATION

handouts can include the following:

withdrawal symptoms
side affects
drug information
others as appropriate

lifestyle modifications

motivation

N. REFERRAL

Pregnancy.

Current seizure disorder for bupropion therapy.

Current eating disorder for bupropion therapy.

O. RECORDS
a. consent form.
b. records of notification
c. billing.
d. prescription order.