Date: May 25, 2021

To: Vermont Board of Pharmacy

From: Stephanie Winters, Deputy Executive Director, Vermont Medical Society

Re: Comments on Prescribing State Protocols for Tobacco Cessation Products

On behalf of the Vermont Medical Society’s 2400 physician and physician assistant members, thank you for the opportunity to comment as a Stakeholder regarding the draft state protocols for pharmacist prescribing tobacco cessation products in Vermont. We appreciate being part of the process and the opportunity to discuss our comments with the Board of Pharmacy.

We circulated the draft protocol to psychiatrists and family physicians for feedback and based on that submit these written comments for your consideration and discussion at your board meeting on Wednesday May 26th, 2021.

While we believe that nicotine replacement products are well within the scope of pharmacists prescribing, VMS feels strongly that the section should expressly prohibit the prescribing of non-nicotine replacement therapy tobacco cessation medicines, currently Buproprion (Zyban) and Verenicline (Chantix) - both having complex psychiatric and other health complications, some of which can be severe, and include risk of complications with other medications even in the absence of a mental health diagnosis

Not only does Verenicline have high rates of potential mental health side effects including disruptions in sleep, mood and potentially worsening psychotic symptoms, sometimes accompanied by new onset suicidal thinking.  While a past history of mental health concerns indicates a high likelihood of these unwanted effects, sometimes these effects can occur in those without a history or family history.  They are idiosyncratic in some cases and without doing a thorough medical evaluation, there is a higher chance that they may occur and not be appropriately monitored

Bupropion has several potential side effects including increased risk for seizures, anxiety, agitation as well as cardiovascular effects such as increased blood pressure.  Like our comments with Verenecline, without a thorough medical evaluation, there is a higher chance that these negative effects may occur and not be appropriately monitored.  Furthermore, in the past few years, there has been an increased rate of abuse of bupropion with horrific effects such as vascular necrosis in those who have injected it.  Similar to what we saw when pseudoephedrine was widely available over-the-counter, we believe we would see an increase in those with stimulant use disorders seeking out bupropion for potential misuse and abuse.

We strongly urge not including the prescribing of tobacco cessation medications Buproprion (Zyban) and Verenicline (Chantix) in this protocol and expressly prohibiting due to significant side effects and patient safety risks. We suggest following the [Protocol for Pharmacists Furnishing Nicotine Replacement Products from California](https://www.pharmacy.ca.gov/publications/nicotine_protocol.pdf), which we would be comfortable with.

Thank you for considering this feedback. VMS, as well as our primary care partners at the American Academy of Pediatrics Vermont Chapter and Vermont Academy of Family Physicians look forward to continuing to work with the Board of Pharmacy and OPR as these proposals develop. Please contact me at any time if I can be helpful.