

GUIDELINES FOR PRESCRIBING BUPROPION

Summary

- Bupropion is licensed in the UK to aid smoking cessation.
- Bupropion is licensed in the USA for the treatment of major depressive disorder and prevention of seasonal affective disorder at doses up to 300mg daily
- Bupropion is recommended for the treatment of refractory depression in the 12th edition of the Maudsley Prescribing Guidelines in Psychiatry at doses up to 400mg daily in addition to an SSRI
- Bupropion may only be initiated by a Consultant Psychiatrist, who must have gained the approval from the relevant Head of Psychiatry, using the named-patient form in this guideline.
- It may only be used for the treatment of refractory depression
- This is an unlicensed indication in the UK and patients must be given the unlicensed medicines information sheet and consent form found in the KMPT medicines management policy. There is an information leaflet available on the choice and medication website.
- The usual starting dose of bupropion is 150mg XL once daily. The usual target dose is 300mg XL once daily but can be given in divided doses.
- Consultants should liaise directly with the patient's GP as this is an unlicensed indication and prescribing should remain in secondary care.

1. Prescribing

- 1.1 Bupropion is approved for third-line use after two previous antidepressants have been tried.
- 1.2 Bupropion may be used as an adjunct to an SSRI or as single treatment.
- 1.3 There is no specific guidance when switching to bupropion but the Maudsley recommends to cross-taper cautiously for most antidepressants. MAOIs must be stopped 2 weeks before bupropion is started.
- 1.4 It is recommended that patients are initiated on 150mg XL daily and that the dose is not increased for a minimum of 4 days
- 1.5 The maximum dose recommended by the Maudsley is 400mg daily; however bupropion is only available in the UK as 150mg XL. The maximum dose recommended by KMPT is therefore 300mg daily (the maximum licenced dose in the USA).
- 1.6 This is an unlicensed indication in the UK and patients must be given the unlicensed medicines information sheet and consent form found in the KMPT medicines management policy. There is an information leaflet available on the choice and medication website: <http://www.choiceandmedication.org/kmpt/>.
- 1.7 Consultants should liaise directly with the patient's GP as this is an unlicensed indication and prescribing should remain in secondary care.

2. Other dosing recommendations

- 2.1 Bupropion should be used with caution in older people. Greater sensitivity in some older individuals cannot be ruled out. The recommended dose in older people is 150mg once a day
- 2.2 Bupropion is not licensed for use in patients under 18 years of age

- 2.3 Bupropion should be used with caution in patients with hepatic impairment. Because of increased variability in the pharmacokinetics in patients with mild to moderate impairment the recommended dose in these patients is 150mg once a day. No dosage adjustment is required in patients with mild hepatic impairment.
- 2.4 Bupropion should be used with caution in patients with renal insufficiency. The recommended dose in these patients is 150mg once a day
- 2.5 Bupropion is contraindicated in patients with a current seizure disorder or any history of seizures – please refer to the SPC on the <https://www.medicines.org.uk/emc> website for full details of contra-indications and side effects
- 2.6 Bupropion is a centrally-acting noradrenaline/dopamine reuptake inhibitor. Neuropsychiatric reactions have been reported. In particular, psychotic and manic symptomatology have been reported mainly in patients with a known history of psychiatric illness - please refer to the SPC on the <https://www.medicines.org.uk/emc> website for full details of contra-indications and side effects
- 2.7 Bupropion inhibits metabolism by cytochrome P450 2D6. Caution is advised when medicinal products metabolised by this enzyme are administered concomitantly. In the literature it has been shown that medications that inhibit CYP2D6 may lead to reduced concentrations of endoxifen which is the active metabolite of tamoxifen. Therefore the use of bupropion, which is an inhibitor of CYP2D6, should whenever possible be avoided during tamoxifen treatment

3. Administration

- 3.1 Bupropion tablets should be swallowed whole. The tablets should not be cut, crushed or chewed as this may lead to an increased risk of adverse effects including seizures.
- 3.2 Bupropion can be taken with or without food

4. Cost

Drug	Dose	Cost per 28 days (DT from BNF 72)
Bupropion XL	150mg once daily	£20.88
	300mg once daily	£41.76
Agomelatine	25mg once daily	£30.00
	50mg once daily	£60.00
Citalopram	20mg once daily	£0.82
Fluoxetine	40mg once a day	£1.84
Mirtazapine	30mg once a day	£1.47
Sertraline	100mg once daily	£1.39
Venlafaxine XL	150mg once daily	£36.81
	300mg once a day	£73.62
Vortioxetine	10mg once a day	£27.72

BUPROPION NAMED PATIENT REQUEST FORM

This form must be completed for each patient initiated on bupropion

Patient Name	
Date of Birth	
Name of Ward/Team	
Name of initiating Consultant	
Signature of initiating consultant	
Date of signature of initiating consultant	
Name of Head of Psychiatry	
Signature of Head of Psychiatry	
Date of signature of Head of Psychiatry	

- I confirm that Bupropion is being used third-line and that two previous antidepressants have been tried.
- I confirm that I have discussed with the patient and/ or carer that this is an unlicensed indication and have provided the appropriate leaflets and consent forms
- I understand that the Trust will remain responsible for prescribing

Once approval has been given by the Head of Psychiatry, this form should be sent to Jagdip Bahia (jagdip.bahia@nhs.net) for authorisation for the drug to be supplied. A prescription should then be sent to the supplier (Lloyds Pharmacy) in the usual way.

Jagdip Bahia

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