



A Service of the Try-To-Stop Smokers' Helpline

In Collaboration with the Massachusetts Department of Public Health and Massachusetts Health Plans



East Boston Neighborhood Health Center

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

- If a patient is interested in quitting smoking, fill out this form with them.
• Fax completed form to 1-866-560-9113.
• The Try-To-Stop Smokers' Quitline will contact the patient, offer free cessation services and send feedback reports to the provider listed below.
• This program is free for all Massachusetts residents regardless of insurance status

Formulario de inscripción de Massachusetts

Las personas que usan tabaco también pueden llamar al 1-800-879-8678 para recibir servicios.

La persona que usa tabaco debe completar la siguiente sección:

Form fields for patient information including Name, Apellido, Dirección postal, Ciudad, Estado, Código postal, Teléfono, and insurance details.

Health Care Providers: Complete this section

Form fields for health care providers including Referring Provider, Facility, Address, and feedback report information.

Copies of this form can be downloaded from WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

NICOTINE REPLACEMENT OPTIONS

PATCHES

Nicoderm [®] CQ 7 mg, 14 mg, 21 mg	Initial: 1 patch/24 hrs. MAX: Same as above	Treatment Duration: 8 wks.
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GUM

Nicorette [®] 2 mg, 4 mg	Initial: 1 piece every 1–2 hrs. MAX: 24 pieces/24 hrs.	Treatment Duration: 8–12
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LOZENGE

Commit [®] 2 mg, 4 mg	Initial: 1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12) MAX: 20 pieces/24 hrs.	Treatment Duration: 12 wks.
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NASAL SPRAY

Nicotrol [®] NS 10 mg/ml	Initial: 1–2 doses/hr. MAX: 5 doses/hr. or 40 doses/day	Treatment Duration: 3–6 mos.
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INHALER

Nicotrol [®] Inhaler 10 mg/cartridge	Initial: 6–16 cartridges/day MAX: 16 cartridges/day	Treatment Duration: 3–6 mos.
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NON-NICOTINE MEDICATION

BUPROPION HCL SR

Wellbutrin SR 150 mg tablets	Initial: 150 mg/day (days 1–3) 300 mg/day (day 4+) MAX: 300 mg/day	Treatment Duration: 7–12 wks.
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VARENICLINE

Chantix [®]	Initial: 0.5 mg/day (days 1–3) 0.5 mg/2x/day (days 4–7) 1.0 mg/2x/day (day 8+) MAX: 2 mg/day	Treatment Duration: Up to 12 wks.
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Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Try-To-STOP TOBACCO Resource Center of Massachusetts or QuitWorks program.

Make smoking history.