



A Service of the Massachusetts Smokers' Helpline

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

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

- If a tobacco user is interested in quitting smoking, fill out this form with them.
Fax completed form to 1-866-560-9113.
The Massachusetts Smokers' Helpline will contact the tobacco user, 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
Important: Hospitals Refer at Discharge

Formulario de inscripción de Massachusetts

La persona que usa tabaco debe completar la siguiente sección:

Form fields for tobacco user registration including: Nombre, Apellido, Dirección postal, Ciudad, Estado, Código postal, Número de teléfono, ¿Cuándo prefiere que llamemos?, Preferencia de idioma, ¿Podemos dejar un mensaje?, Seguro principal de la persona que usa tabaco, Firma de la persona que usa tabaco, Fecha.

Los proveedores de servicios de salud completarán esta sección (Health care providers complete this section):

Form fields for health care providers including: Referring Provider, Facility, Address, Send feedback report to, PEDIATRICS ONLY: Tobacco User's relationship to child, Child/Children's name.

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

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

Spanish 12/16/13

NICOTINE REPLACEMENT OPTIONS

Combining long-acting NRT (patch) with a short-acting NRT (gum, lozenge, or inhaler) is more effective than using a single type of NRT

LONG-ACTING PRODUCTS

PATCHES

21 mg, 14 mg, 7 mg

Dose: 1 patch every 24 hrs.
Start: 21 mg patch if ≥ 10 cig/day
14 mg patch if < 10 cig/day

Duration:
6-14 wks

SHORT-ACTING PRODUCTS

GUM

2mg, 4 mg

Dose: 1 piece every 1-2 hrs.
Max: 24 pieces/day

Duration:
6-14 wks

LOZENGE or MINI-LOZENGE

2mg, 4 mg

Dose: 1 lozenge every 1-2 hrs.
Max: 20 pieces/day

Duration:
12 wks

NASAL SPRAY (Nicotrol® NS)

10 mg/ml

Dose: 1-2 doses per hr.
Max: 5 doses/hr or 40 doses/day

Duration:
3-6 mos

INHALER (Nicotrol® Inhaler)

Dose: 6-16 cartridges/day
Max: 16 cartridges/day

Duration:
3-6 mos

BUPROPION SR

(Zyban®/ Wellbutrin SR®)

May be combined with nicotine replacement

150 mg tablets

Dose: 150 mg once per day (days 1-3)
150 mg twice per day (day 4+)
Max: 300 mg/day

Duration:
12 wks*

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets

Dose: Starting Month Pak =
0.5 mg once per day (days 1-3)
0.5 mg twice per day (days 4-7)
1 mg twice per day (days 8+)
Continuing Month Pak = 1 mg twice per day
Max: 2 mg/day

Duration:
12 wks*

* If quit at 12 wks, consider 12 more weeks of drug

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009. 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. This chart is provided by the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program. 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 Massachusetts Smokers' Helpline or QuitWorks program.

Make smoking history.