

- If a patient 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 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.
- **Important: Hospitals Refer at Discharge**

QuitWorks is moving to e-news updates. Health care providers, please enter your email to receive QuitWorks updates and special offers for your patients!

Provider Email Address

## Massachusetts Referral Form

### Patients: Complete this section

First Name	Last Name	Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailing Address	City	State	Zip	
( )				
Phone Number				
When should we call? (check all that apply)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> No preference
Language Preference:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (specify)	
May we leave a message?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Primary Insurance of Tobacco User:	<input type="checkbox"/> Blue Cross Blue Shield MA	<input type="checkbox"/> Tufts Health Plan	<input type="checkbox"/> Harvard Pilgrim	
	<input type="checkbox"/> MassHealth/Medicaid	<input type="checkbox"/> Other	<input type="checkbox"/> None	
I authorize this provider to release the information on this referral form to QuitWorks so that I may be contacted and participate in the QuitWorks program. I also authorize QuitWorks to disclose information about my progress in attempting to quit smoking to the health care provider listed on this form.				
Patient Signature		Date		

### Health Care Providers: Complete this section

Referring Provider:	( )	Phone Number	
Facility:	( )	Fax Number	
Address:			
Send feedback report to:			
<input type="checkbox"/> Same as above	or		
Name	Phone Number	Fax Number	
PEDIATRICS ONLY:			
Patient's relationship to child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify)
Child/Children's name: (to help with recordkeeping)			

This form can be downloaded from [WWW.QUITWORKS.ORG](http://WWW.QUITWORKS.ORG)

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

### 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  $\geq 10$  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.**