



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

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

- If a tobacco user is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Try-To-Stop 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

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

## Massachusetts Enrollment Form

Tobacco users can also call 1-800-Try-To-Stop (1-800-879-8678) to receive services

### Tobacco Users: Complete this section

Are you 18 or older?  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( )

Phone Number \_\_\_\_\_

When should we call? (check all that apply)  Morning  Afternoon  Evening  No preference

Language Preference:  English  Spanish  Other (specify) \_\_\_\_\_

May we leave a message?  Yes  No

Primary Insurance of Tobacco User:  Blue Cross Blue Shield MA  Tufts Health Plan  Harvard Pilgrim  
 MassHealth/Medicaid  Other  None

I authorize this provider to release the information on this enrollment 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.

\_\_\_\_\_  
Tobacco User's Signature Date

### Health Care Providers: Complete this section

Referring Provider: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Facility: \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Send feedback report to:  
 Same as above or \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number Fax Number

PEDIATRICS ONLY:  
Tobacco Users's relationship to child:  Mother  Father  Other (specify) \_\_\_\_\_  
Child/Children's name: (to help with recordkeeping) \_\_\_\_\_

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 <sup>®</sup> 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 <sup>®</sup> 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 <sup>®</sup> 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 <sup>®</sup> 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 <sup>®</sup> 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 <sup>®</sup>	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.**