



A Service of the Rhode Island Smokers' Helpline

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

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

Rhode Island Patient Enrollment Form

Patients: Complete this section

Form fields for patient information including: First Name, Last Name, Mailing Address, City, State, Zip, Phone Number, When Should we call?, Language Preference, May we leave a message?, Primary Insurance, Of Tobacco User, Patient Signature, Date.

Health Care Providers: Complete this section

Form fields for health care provider information 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 may be downloaded at WWW.QUITWORKSRI.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 ≥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. 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 Rhode Island Smokers' Helpline or QuitWorks-RI program. Many health plans cover some or all medications. Patients should consult with insurer for details.