

Gateway Health PlanSM Smoking Cessation Form

Member Name: _____ Member ID: _____

***Please Circle Medication Being Prescribed and Fax to 412-255-4544 or 888-245-2049**

Recommended Dosing Schedule of Transdermal Nicotine for Health Patients		
Dose	Duration	
	Per strength of Patch	Entire course of therapy
Nicoderm¹		8 to 10 weeks
21 mg/day	First 6 weeks	
14 mg/day	Next 2 weeks	
7 mg/day	Last 2 weeks	

¹ Start with 14mg/day for patients who smoke < 10 cigarettes/day. Decrease dose to 7mg/day for the final 2 weeks.

DOSING SCHEDULE FOR OTHER PRODUCTS		
Zyban	150mg PO BID	12 weeks
Nicotrol Inhaler	Up to 16 cartridges/day	12 weeks
Nicotrol Nasal Spray	Up to 40 doses/day	12 weeks
Nicotine gum	Up to 20 pieces daily	12 weeks
Commit lozenges	Up to 20 lozenges daily	12 weeks

- Above product dosing and duration of therapy are FDA approved parameters
- Patient must not use patch if they continue to smoke, chew tobacco, use snuff, use nicotine gum, or other nicotine-containing products
- Patients should not wear more than one patch at a time
- Nicoderm patches should be replaced every 24 hours
- For patients who smoke less than 25 cigarettes a day, use 2mg nicotine gum. For patients who smoke ≥ 25 cigarettes a day, start with the 4mg nicotine gum.
- If the patient smokes his/her first cigarette more than 30 minutes after waking up, use 2mg nicotine lozenges. If the patient smokes his/her first cigarette within 30 minutes of waking, use 4mg lozenges.
- Advise the patient to not eat or drink 15 minutes before using or while using the gum or lozenges.
- Coverage is provided for Zyban + ONE Nicotine Replacement Medication (if needed) at time of initial request
- No patient can receive more than ONE Nicotine Replacement Medication concurrently
- Maximum coverage of any product is listed above
- Patients may only receive one trial of smoking cessation therapy every 12 month period
- **Patients are encouraged to enroll in a smoking cessation counseling program.**
- Counseling is limited to Seventy (70) 15 minute sessions per 12 month period.
- **Patients should set a “QUIT DATE” with the Physician.**

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____