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## Evidence-Based Best Practices for Promoting Smoking Cessation in South Carolina

The SCORxE best practices for promoting smoking cessation offers South Carolina providers unbiased, evidence-based clinical information to assist in making optimal treatment decisions about medication and psychosocial and behavioral therapy.

### **Q**uestion and document tobacco use at every visit.

- Tobacco dependence is a chronic disease that requires ongoing attention.
- Better assessment and documentation of tobacco use increases the rate of smoking cessation interventions.
- Chart sticker reminders, computer prompts, or taking a 'sixth' vital sign for tobacco use status (i.e., current, former, never) are all options to ensure identification at every visit.

### **U**nderstand the challenge to quit and expect relapse.

- Smoking is an addiction that is hard to kick—changing behavior is a process.
- Physicians' advice to quit smoking is powerful. Even brief advice increases abstinence rates.
- Only a minority of smokers achieve abstinence on the first attempt.
- Multiple attempts to quit are often necessary before smokers quit for good. Each relapse is a learning opportunity for future attempts to quit so encourage smokers to keep trying.

### **I**dentify readiness to quit to best tailor approach to patient.

- Readiness to quit includes the patient's perceived importance of the problem, level of motivation, and confidence in ability to make a change.
- Every patient willing to quit should be encouraged and assisted in their smoking cessation attempt.
- Motivational intervention techniques can increase the likelihood of future quit attempts in smokers currently unwilling to quit.

### **T**reatment is effective and multiple options allow for individualized interventions.

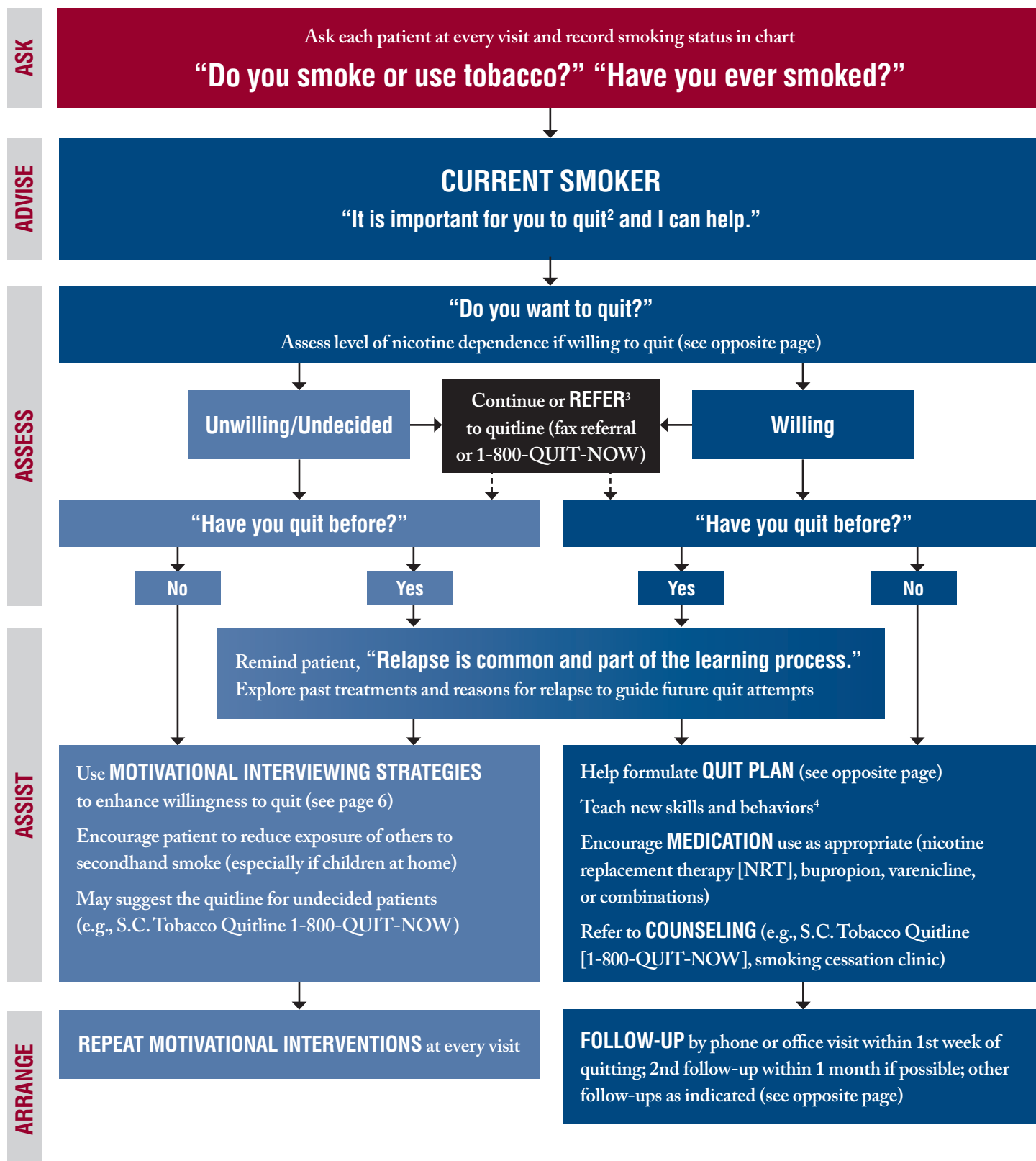
- Effective treatments include pharmacologic and non-pharmacologic strategies.
- Counseling, even if brief, works. Effectiveness increases with more contact time as well as with the use of multiple formats such as individual, group and telephone counseling.
- Proactive telephone quitlines (e.g., S.C. Tobacco Quitline 1-800-QUIT-NOW) provide patients easy access to support and can effectively augment office-based counseling.
- Several medications are effective at decreasing withdrawal symptoms and increasing abstinence rates.
- The combination of counseling and medication is more effective than either treatment alone.

[www.sccp.sc.edu/SCORxE](http://www.sccp.sc.edu/SCORxE) | [SCORxE@sccp.sc.edu](mailto:SCORxE@sccp.sc.edu)

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The information contained in this summary is intended to supplement the knowledge of clinicians regarding best practices and drug therapy for smoking cessation in primary care patients. This information is advisory only and is not intended to replace sound clinical judgment, nor should it be regarded as a substitute for individualized diagnosis and treatment. Special considerations are needed when treating some populations such as adolescents, the elderly, pregnant or breast-feeding women, and patients with certain medical conditions (e.g., cardiac disease, liver and renal impairment).

# Algorithm for Smoking Cessation<sup>1</sup>

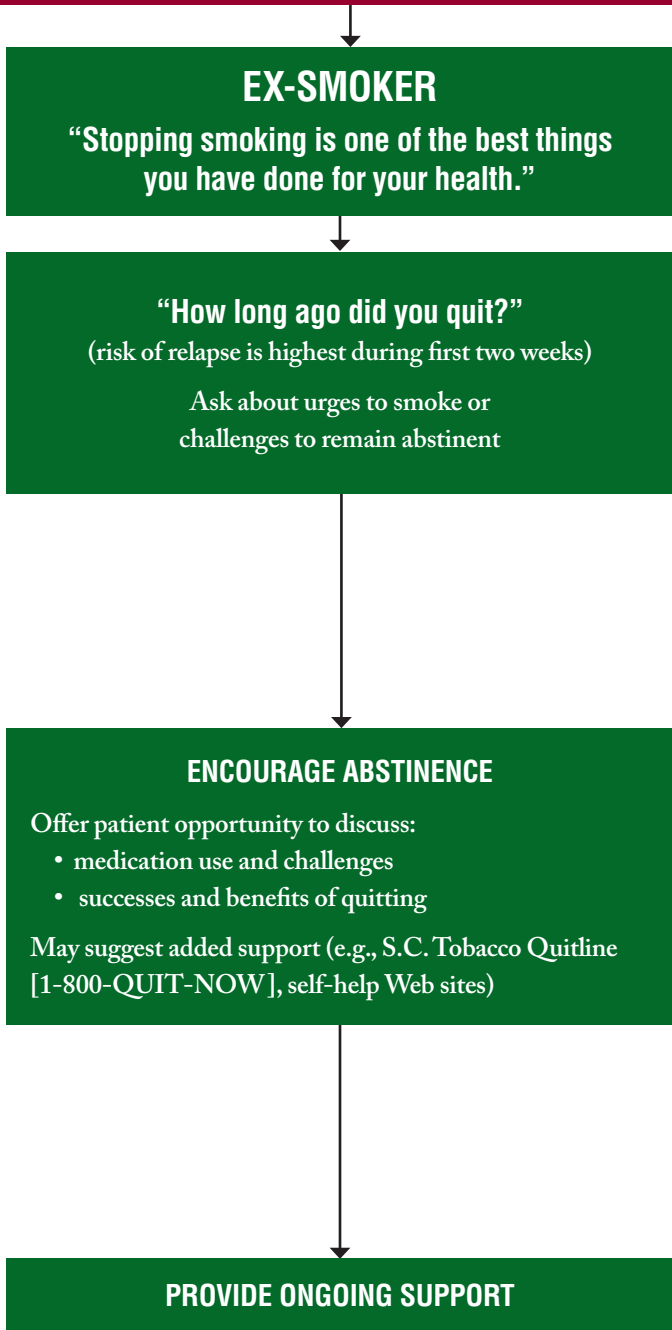


<sup>1</sup>Until there is more evidence about cessation of other forms of tobacco (including smokeless tobacco), current evidence suggests using the same approach as for cigarette smokers.

<sup>2</sup> Advise smokers to provide a smoke free home and car for family and others in their care to minimize the health risks associated with secondhand smoke.

<sup>3</sup> One-to-one counseling can be initiated by provider’s fax referral (see page 8) or patient’s direct contact via 1-800-QUIT-NOW (1-800-784-8669) or [www.scdhec.gov/quitforkeeps](http://www.scdhec.gov/quitforkeeps).

<sup>4</sup> New skills and behaviors include: stress reduction; change in routine; replacement of smoking with low-calorie foods; and avoiding triggers, such as alcohol or socializing with other smokers.



**NEVER SMOKED**  
 “Not smoking is one of the best things you can do for your health.”

**Assessment of Nicotine Dependence<sup>5</sup>**

- How many minutes after waking to first cigarette?
- How many cigarettes/day do you smoke?

**Quit Plan**

- Stop now, or set a quit date (≤ 2 weeks)  
 If unable to stop ‘cold turkey’ on quit date, plan to cut down on number of cigarettes or delay smoking each cigarette for 30 minutes (ideally, not a puff after quit date)
- Tell family, friends and coworkers about quitting and ask for their support
- Strive for a tobacco free household by quit date

**Follow-Up Plan**

- Congratulate successes
- Encourage recommitment to quit
- Assist with urges to smoke or challenges to remain abstinent
- Assist with problems associated with quitting (e.g., weight gain, residual withdrawal symptoms)
- Encourage continued counseling and medication use
- May provide other resources (e.g., self-help Web sites and written materials)

**CODING<sup>6</sup>**

- ICD-9-CM diagnosis codes
  - 305.1 (Tobacco use disorder)
  - V15.82 (History of tobacco use)
  - 649.0x (Tobacco use disorder complicating pregnancy, childbirth, or puerperium)
  - E869.4 (Accidental poisoning by secondhand smoke)
- CPT Codes
  - 99406 or G0436 Smoke/tobacco counseling 3-10 minutes
  - 99407 or G0437 Smoke/tobacco counseling > 10 minutes

NOTE: Coding and reimbursement are payer specific.

<sup>5</sup> Etter JF, Vu DT, Perneger TV. Validity of the Fagerstrom test for nicotine dependence and of the Heaviness of Smoking Index among relatively light smokers. *Addiction* 1999;94:269-281.

<sup>6</sup> This list is not all-inclusive.

## Medication Guidelines for Smoking Cessation

Medications <sup>1</sup> [Brand Examples]	Dosage	Duration	OR (95% CI) <sup>2</sup>	Daily Cost <sup>3</sup> [~ Pack]
<b>Nicotine Gum (i)</b> [Nicorette®]  2 mg, 4 mg  OTC	2 mg: < 25 cigarettes/day 4 mg: ≥ 25 cigarettes/day  Weeks 1-6: 1 piece q 1-2 h Minimum: 9 pieces/day Maximum: 24 pieces/day Weeks 7-9: 1 piece q 2-4 h Weeks 10-12: 1 piece q 4-8 h	Up to 12 weeks	1.5 (1.2-1.7)	\$3.51–\$3.69 (9 pieces)  [~ ¾ pack]
<b>Nicotine Lozenge (i)</b> [Nicorette®]  2 mg, 4 mg  OTC	2 mg: 1 <sup>st</sup> cigarette > 30 min after waking 4 mg: 1 <sup>st</sup> cigarette ≤ 30 min after waking  Weeks 1-6: 1 lozenge q 1-2 h Minimum: 9 lozenges/day Maximum: 20 lozenges/day Weeks 7-9: 1 lozenge q 2-4 h Weeks 10-12: 1 lozenge q 4-8 h	Up to 12 weeks	2 mg: 2.0 (1.4-2.8) (iii) 4 mg: 2.8 (1.9-4.0) (iii)	\$3.78–\$3.96 (9 pieces)  [~ ¾ pack]
<b>Nicotine Patch, 24-hour (i)</b> [Nicoderm CQ®]  7 mg, 14 mg, 21 mg  OTC	If > 10 cigarettes/day: (ii) 21 mg/day x 4-6 weeks; 14 mg x 2 weeks; 7 mg x 2 weeks  If ≤ 10 cigarettes/day: (ii) 14 mg/day x 6 weeks; 7 mg/day x 2 weeks	8-10 weeks  PATCH plus: + bupropion HCl SR + ad lib gum or spray + lozenge + inhaler	1.9 (1.7-2.2)  2.5 (1.9-3.4) (iii) 3.6 (2.5-5.2) (iii,iv) 2.3 (1.5-3.6) (iii,iv) 2.2 (1.3-3.6) (iii,iv)	\$2.70–\$3.13 (1 patch)  [~ ½ pack]
<b>Nicotine Nasal Spray (i)</b> [Nicotrol NS®] (4 bottles/package)  200 sprays/10 ml bottle 0.5 mg/metered spray  Rx	1 dose = 2 sprays (one spray in each nostril) Start with 1-2 doses/hour (Maximum: 5 doses/hour)  Minimum: 8 doses/day Maximum: 40 doses/day  Taper at end suggested	12 weeks; up to 6 months in selected patients	2.3 (1.7-3.0)	\$4.39 (8 doses)  [~ ¾ pack]
<b>Nicotine Inhaler (i)</b> [Nicotrol®] (168 cartridges/package)  10 mg/cartridge  Rx	10 mg cartridge (delivers 4 mg) ~ 20 minutes of active puffing  Minimum: 6 cartridges/day Maximum: 16 cartridges/day  Taper at end suggested	12 weeks; up to 6 months in selected patients	2.1 (1.5-2.9)	\$7.72 (6 cartridges)  [~ 1.5 packs]
<b>Bupropion HCl SR</b> [Zyban®]  150 mg SR tablet  Rx	Start 1-2 weeks before quit date Days 1-3: 150 mg q AM Day 4 until end: 150 mg BID (v)  Maximum: 300 mg/day	7-12 weeks; up to 6 months in selected patients	2.0 (1.8-2.2)	\$2.28 (2 tablets, generic)  [~ ½ pack]
<b>Varenicline</b> [Chantix®]  0.5 mg, 1 mg tablet  Rx	Start 1 week before quit date Days 1-3: 0.5 mg q AM Days 4-7: 0.5 mg BID Day 8 until end: 1 mg BID (vi)	12 weeks; up to 6 months in selected patients	3.1 (2.5-3.8) (vi)	\$5.62 (Two 1 mg tablets)  [~ 1 pack]

<sup>1</sup> FDA approved in adults only; <sup>2</sup> OR = Estimated odds ratio for treatment versus placebo (95% Confidence Interval); <sup>3</sup> Daily drug cost and daily approximate cigarette pack equivalent [~ Pack] based on September 2010 average South Carolina retail costs; <sup>4</sup> Breastfeeding recommendations are not provided due to limited/lack of human data. FDA pregnancy ratings: A, controlled studies show no risk; B, no evidence of risk in humans; C, risk cannot be ruled out; D, positive evidence of risk; X, contraindicated in pregnancy.

(i) FDA approved for post-quit use only; (ii) Preliminary evidence suggests that starting nicotine patch 2 weeks prior to quit date versus starting on quit date increases abstinence rates (OR 1.8 [1.2-2.7]); (iii) Based on 3 or fewer studies; (iv) Combination not FDA approved; (v) A lower dose of 150 mg daily does not appear to differ in efficacy; (vi) A lower dose of 0.5 mg BID (OR = 2.1 [1.5 – 3]) is effective but less so than 1 mg BID.

Administration Instructions	Cautions ( <i>Pregnancy</i> <sup>4</sup> )	Side Effects/Comments
Chew gum slowly until tingles (~ 15-30 chews), then park between cheek and gum Resume chewing when tingle fades Repeat “chew-park” process until tingle is gone/does not return (~ 30 minutes) No food or beverages except water 15 minutes before or during use	Caution in patients with recent myocardial infarction (within 2 weeks), serious arrhythmias, unstable angina Caution with dentures, dental caps, partial bridges, temporomandibular joint disease <i>FDA: C; Briggs: Compatible - maternal benefit &gt;&gt; embryo/fetal risk</i>	Mouth soreness; jaw ache Hiccups Dyspepsia Gastrointestinal disturbances: Associated with improper use and swallowing large amounts of nicotine
Dissolve slowly in mouth (~ 20-30 minutes); may notice warm tingling sensation Occasionally move to other side of mouth Do not chew or swallow No food or beverages except water 15 minutes before or during use	Caution in patients with recent myocardial infarction (within 2 weeks), serious arrhythmias, unstable angina <i>FDA: C; Briggs: Not available</i>	Nausea; hiccups; heartburn; indigestion 4 mg: Cough (< 10%) and headaches (< 10%)
Apply patch to clean, hairless, dry skin on trunk or upper limbs Rotate application sites If sleep disturbances, remove patch at bedtime Do not cut patch	Caution in patients with recent myocardial infarction (within 2 weeks), serious arrhythmias, unstable angina Avoid in patients with severe eczema or psoriasis Remove metal containing patches (e.g., tan-colored) prior to MRI <i>FDA: D; Briggs: Compatible - maternal benefit &gt;&gt; embryo/fetal risk</i>	Insomnia Local skin reaction (50%): Usually mild Rarely leads to discontinuation Rotate application site to minimize
Prime pump before 1st use or if not used for > 24 hours Shake nasal spray before using Deliver with head tilted slightly back Avoid sniffing, inhaling or swallowing	Caution in patients with recent myocardial infarction (within 2 weeks), serious arrhythmias, unstable angina Avoid in patients with severe reactive airway disease and chronic nasal disorders Wait 5 minutes before driving Highest dependence potential <i>FDA: D; Briggs: Compatible - maternal benefit &gt;&gt; embryo/fetal risk</i>	Nasal irritation (94%), nasal congestion Smell and taste alterations
Inhale into back of throat or puff in short breaths; do not inhale into lungs Open cartridge retains potency for 24 hours Use inhaler at room temperature No food or beverages except water 15 minutes before or during use	Caution in patients with recent myocardial infarction (within 2 weeks), serious arrhythmias, unstable angina Caution in patients with severe bronchospastic disease <i>FDA: D; Briggs: Compatible - maternal benefit &gt;&gt; embryo/fetal risk</i>	Mouth and throat irritation (40%) Cough (32%) Rhinitis (23%)
Take 2nd dose in afternoon to reduce insomnia Allow at least 8 hours between doses	Contraindicated in patients with history of seizure or eating disorders Monitor blood pressure when combined with nicotine replacement therapy Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation <i>FDA: C; Briggs: Human data suggest low risk</i>	Insomnia (35-40%) Dry mouth (10%) Seizures (rare) reported in smoking cessation trials
Take after eating (with a full glass of water) to reduce nausea Take 2nd dose at supper to reduce insomnia	Caution in patients with significant renal impairment or serious psychiatric illness Caution driving/operating machinery Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation <i>FDA: C; Briggs: No human data - animal data suggest low risk</i>	Nausea (up to 30%) Dose related May diminish over time Reduced with initial titration Insomnia; abnormal, vivid, strange dreams Rare serious skin/allergic reactions

References: Briggs, Gerald G., Roger K. Freeman, and Sumner J. Yaffe. *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*. Philadelphia, PA: Lippincott, Williams & Wilkins, 2008. Print; Fiore MC, Jaén CR, Baker TB, et al. *Clinical Practice Guideline. Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008, Accessed October 21, 2009; Stead LF, Perera R, Bullen C, et al. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub3; Piper ME, Smith SS, Schlam TR, et al. A randomized, placebo-controlled clinical trial of 5 smoking cessation pharmacotherapies. *Arch Gen Psychiatry* 2009; 66:1253-1262; Rx for Change: Clinician – Assisted Tobacco Cessation. *Pharmacologic product guide: FDA-approved medications*. Copyright©1999-2010. The Regents of the University of California. Updated April 12, 2010. **For complete prescribing information, please refer to the manufacturers’ package inserts.**

## Motivational Interviewing Strategies

<p><b>Express Empathy</b></p>	<p><b>Use open-ended questions to explore:</b>          The importance of addressing smoking or other tobacco use  <i>“How important do you think it is for you to quit smoking?”</i>          Concerns and benefits of quitting  <i>“What might happen if you quit?”</i></p> <p><b>Use reflective listening to seek shared understanding:</b>          Reflect words or meaning  <i>“So you think smoking helps you maintain your weight.”</i>          Summarize  <i>“What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking, you are worried you might develop a serious disease, and finances are tight [\$1,971 per year for 1 pack/day smoker].”</i></p> <p><b>Normalize feelings and concerns:</b>  <i>“Many people worry about managing without cigarettes.”</i></p> <p><b>Support the patient’s autonomy and right to choose or reject change:</b>  <i>“I hear you saying you are not ready to quit smoking right now. I’m here to help you when you are ready.”</i></p>
<p><b>Develop Discrepancy</b></p>	<p><b>Highlight the discrepancy between the patient’s present behavior and expressed priorities, values, and goals - weigh pros and cons:</b>  <i>“It sounds like you are very devoted to your family. How do you think your smoking is affecting your children?”</i></p> <p><b>Reinforce and support “change talk” and “commitment” language:</b>  <i>“So you realize how smoking is affecting your breathing and making it hard to keep up with your kids.”</i>  <i>“So you understand that smoking low-tar/low-nicotine cigarettes or using smokeless tobacco will not eliminate your health risks.”</i>  <i>“It’s great that you are going to quit when you get through this busy time at work.”</i></p> <p><b>Build and deepen commitment to change:</b>  <i>“There are effective treatments that will ease the pain of quitting, including counseling and many medication options.”</i>  <i>“We would like to help you avoid a stroke like the one your father had.”</i></p>
<p><b>Roll with Resistance</b></p>	<p><b>Back off and use reflection when the patient expresses resistance:</b>  <i>“Sounds like you are feeling pressured about your smoking.”</i></p> <p><b>Express empathy:</b>  <i>“You are worried about how you would manage withdrawal symptoms.”</i></p> <p><b>Ask permission to provide information:</b>  <i>“Would you like to hear about some strategies that can help you address that concern when you quit?”</i></p>
<p><b>Support Self-efficacy</b></p>	<p><b>Help the patient to identify and build on past successes:</b>  <i>“So you were fairly successful the last time you tried to quit.”</i></p> <p><b>Offer the patient options for achievable small steps toward change:</b>          Call the S.C Tobacco Quitline (1-800-QUIT-NOW) for advice and information          Read about quitting benefits and strategies          Change smoking patterns (e.g., no smoking in the home)          Share his or her ideas about quitting strategies</p>

## Suggested Resources to Aid Smoking Cessation

Resources	Feature Highlights	Quitline	Online Help	Local Information	Provider Tools	Parent Tools	Teens	Pregnancy	Spanish
<b>South Carolina Department of Health and Environmental Control</b> 1-800-QUIT-NOW (1-800-784-8669) <a href="http://www.scdhec.gov/quitforkeeps">www.scdhec.gov/quitforkeeps</a>	<ul style="list-style-type: none"> <li>S.C. Tobacco Quitline: patient can make or receive first call (provider fax referral form)</li> <li>Online counseling (includes chats), online community</li> <li>Nicotine replacement therapy for uninsured</li> <li>Local information on hospital-based tobacco cessation services by county</li> </ul>	X	X	X	X		X	X	X
<b>American Lung Association in South Carolina</b> 1-800-548-8252 <a href="http://www.lungusa.org/associations/states/south-carolina/">www.lungusa.org/associations/states/south-carolina/</a>	<ul style="list-style-type: none"> <li>Lung HelpLine: patient can make or receive first call (online form)</li> <li><i>Freedom from Smoking</i><sup>®</sup> (fees for some services): group program, online program (includes chats, blogs, message boards), self-help materials</li> </ul>	X	X			X			X
<b>American Cancer Society</b> 1-800-227-2345 <a href="http://www.cancer.org/healthy/stayawayfromtobacco/index">www.cancer.org/healthy/stayawayfromtobacco/index</a>	<ul style="list-style-type: none"> <li><i>Quit for Life</i><sup>®</sup>: employer-based phone and online counseling (includes discussion boards)</li> <li>Self-help materials</li> <li>Local information on tobacco cessation services</li> </ul>	X	X	X		X	X	X	X
<b>National Cancer Institute (NCI)</b> 1-877-44U-QUIT (1-877-448-7848) <a href="http://www.cancer.gov/cancertopics/smoking">www.cancer.gov/cancertopics/smoking</a> Links users to: <a href="http://www.smokefree.gov">www.smokefree.gov</a>	<ul style="list-style-type: none"> <li>NCI quitline</li> <li>Online counseling (through live chats)</li> <li>Self-help materials</li> <li><i>Smokefree.gov</i>: friendly, easy to use format</li> </ul>	X	X		X			X	X
<b>American Legacy Foundation</b> <a href="http://www.americanlegacy.org">www.americanlegacy.org</a> Links users to: EX <sup>®</sup> campaign: <a href="http://www.becomeanex.org">www.becomeanex.org</a> Truth <sup>®</sup> campaign: <a href="http://www.thetruth.com">www.thetruth.com</a>	<ul style="list-style-type: none"> <li>EX<sup>®</sup>: online program (including 3-step plan, blogs, calendars, tracking tools)</li> <li>Truth<sup>®</sup>: national youth smoking prevention campaign providing information on tobacco use (includes videos and games)</li> </ul>		X	X			X	X	X

## Selected Clinically Significant Drug-Tobacco Smoke Interactions

Drug	Effect of Smoking	Management
<b>Caffeine</b>	Significantly increases metabolism/clearance	Decrease caffeine intake upon smoking cessation
<b>Clopidogrel</b>	Increases metabolism to active metabolite; greater platelet inhibition	Monitor for increased bleeding
<b>Clozapine</b> <b>Chlorpromazine</b> <b>Fluvoxamine (i)</b> <b>Olanzapine</b> <b>Quinine</b> <b>Ropinirole</b> <b>Thioridazine</b>	Increases metabolism/clearance	Monitor response and serum levels as appropriate (e.g., clozapine, quinine); higher doses may be required in smokers and lower doses in patients who stop smoking
<b>Theophylline</b>	Significantly increases metabolism/clearance	Monitor response and serum levels; considerably higher doses required in smokers and lower doses in patients who stop smoking
<b>Oral contraceptives</b>	Increases the risk of oral contraceptive-induced adverse cardiovascular events	Avoid combination (ii); consider alternative form of contraception in women who continue to smoke
Drug	Effect of Smoking and Nicotine	Management
<b>Insulin, subcutaneous</b>	May decrease subcutaneous absorption (iii); may increase glucose concentration and decrease response to insulin (iv)	Monitor serum glucose; higher doses may be required in smokers and nicotine replacement therapy (NRT) users and lower doses in patients who stop smoking or discontinue NRT

(i) Discrepant data; increased metabolism/clearance in smokers versus non-smokers observed in one small study, but no difference observed in another small study; (ii) FDA contraindicated in heavy smokers ≥ 35 years in select products; (iii) Effect caused by nicotine; (iv) Mechanism unclear, effect may be due to nicotine and/or other compounds in smoke.

References: *Hansten and Horn's Drug Interactions Analysis and Management*. Hansten P, Horn J, eds. St. Louis, MO, Wolters Kluwer Health, 2010; Kroon LA, *Am J Health-Syst Pharm* 2007;64:1917-1921; Flockhart DA. Drug Interactions: Cytochrome P450 Drug Interaction Table. Indiana University School of Medicine (2007). Available at: <http://medicine.iupui.edu/clinpharm/ddis/table.asp>. Accessed September 7, 2010; Rx for Change: Clinician – Assisted Tobacco Cessation. Drug Interactions with Tobacco Smoke. Copyright©1999-2010. The Regents of the University of California.



Administered by the SC Department of Health and Environmental Control



Quitline Fax Number:

**1-800-483-3114**

Patient File Number: \_\_\_\_\_

**Instructions:** Please complete this form and fax with a cover sheet to 1-800-483-3114. **Patient must sign form. Give patient a copy.**

**Provider Information** All fields required. Please print legibly.

Date of Fax: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Medical/Healthcare Facility: \_\_\_\_\_  
(If DHEC Facility, Provide Clinic Name and Program Area)

Name of a Primary Contact Person: \_\_\_\_\_ County: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Comments/Questions (optional): \_\_\_\_\_

**Patient Information** All fields required.

Gender:  Male  Female

Pregnant?  Yes  No

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last, first) Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Type:  Home  Work  Cell

Secondary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Type:  Home  Work  Cell

Language Preference (check one):  English  Spanish  Other: \_\_\_\_\_

Tobacco Type (check primary use):  Cigarettes  Smokeless Tobacco  Cigar  Pipe

\_\_\_\_\_  
(Initial) I am ready to quit tobacco and I request that the South Carolina Tobacco Quitline contact me by telephone to help me with my quit plan; I authorize the above named provider to fax this form to the Quitline.

\_\_\_\_\_  
(Initial) I DO NOT give my permission to the South Carolina Tobacco Quitline to leave a message on my telephone when contacting me.

\_\_\_\_\_  
(Initial) I DO NOT authorize the South Carolina Tobacco Quitline to fax back to the above named provider any information about this referral.

**Patient Signature** (required): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The South Carolina Tobacco Quitline will call you. Please check the BEST 3-hour time frame for a representative to reach you. NOTE:** The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

8 a.m. to 12 Noon EST  12 Noon to 3 p.m. EST  6 p.m. to 9 p.m. EST  9 p.m. to 12 Midnight EST

**Within this 3-hour time frame, please contact me at** (check one):  home  work  cell

**To the Patient:** This is your reminder that the quitline will call you back at the number and within the time frame you have checked above. Treat this as your "telephone appointment."

**WIC Clients:** You do not have to participate in the fax referral program with the South Carolina Tobacco Quitline to receive or be considered eligible for WIC benefits. DHEC and the South Carolina Tobacco Quitline agree to keep the information you provide confidential.

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