



Tobacco Cessation Treatment Coverage Annual Report

Instructions:

Please complete this form regarding your tobacco cessation treatment coverage for the previous year (January-December). This annual report must be postmarked by March 15 of each year. Please feel free to contact the Rhode Island Tobacco Control Program at 401-222-3293 if you have any questions.

The completed form may be sent to:

**Rhode Island Department of Health Tobacco Control Program
3 Capitol Hill, Room 409, Providence, RI 02908**

Fully Insured	No. of Individuals
Total number of fully insured	
How many individuals are covered by benefit?	
How many individuals made claims for cessation treatment?	
Number of claims for pharmacotherapy?	
Number of individuals submitting claims for pharmacotherapy?	
Number of claims for counseling?	
Number of individuals submitting claims for counseling?	

Self Insured	No. of Individuals
Total number of fully insured	
How many individuals are covered by benefit?	
How many individuals made claims for cessation treatment?	
Number of claims for pharmacotherapy?	
Number of individuals submitting claims for pharmacotherapy?	
Number of claims for counseling?	
Number of individuals submitting claims for counseling?	

Types of Cessation Treatment	No. of Individuals
Bupropion (Wellbutrin or Zyban)	
Varenicline (Chantix)	
Nicotine Replacement Therapy Gum	
Nicotine Replacement Therapy Patches	
Nicotine Replacement Therapy Lozenges	
Nicotine Replacement Therapy Inhalers	
Nicotine Replacement Therapy Nasal Sprays	
Counseling Services	