



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 | |