

***Quit Smoking With Your Manitoba Pharmacist***  
**Enrollment and Claims Submission Process v2.0**  
**Effective July 1, 2023**

- This Claims Submission Procedure applies to community pharmacist assessment of patients for tobacco cessation as part of *Quit Smoking With Your Manitoba Pharmacist*, the pharmacist-led program for smoking cessation
- Benefits under this program are available to all Manitoba residents who are age 18 years or older, with a valid Manitoba Health Card, who smoke cigarettes, and who are willing to set a “quit date” within the next 30 days following an Initial Assessment
- Clients receiving benefits should not be charged any out-of-pocket costs for pharmacist assessments performed under this program. There is no requirement to meet a deductible or co-pay. Clients may be responsible for paying all or a portion of the costs related to prescribed pharmacotherapy
- Program objectives are to:
  - Enroll 4,500 Manitobans over three (3) years (1,500 Manitobans by 18 months)
  - Achieve successful and sustained smoking cessation for
    - 12% of participants at 6- and 12-months
    - 6% of participants at 24-months

**Contents**

- Summary of Changes from v1.0
- Evaluator Portal ([www.ditchthedarts.ca](http://www.ditchthedarts.ca))
- Readiness to Quit and Enrollment
- Initial Assessment
- Follow-Up Assessments
- Dispensing, including Product Subsidy
- Restarting the Program

1) **Summary of Changes from Claim Submission Process v1.0**

Based on feedback provided throughout the first year of *Quit Smoking With Your Manitoba Pharmacist*, we have made a number of changes to the Claim Submission Process to improve clarity, increase efficiency, and reduce duplication of effort so that participating pharmacists may focus their time and energy on helping clients successfully quit smoking.

A summary of changes:

- Payment for Initial Assessments and Follow-Up Assessments is now based SOLELY on successful submission of *Form 2: Initial Assessment* and *Form 3: Follow-up* at

[www.ditchthedarts.ca](http://www.ditchthedarts.ca). Previous requirements to submit a corresponding claim to DPIN have been removed.

- *Form 2: Initial Assessment* and *Form 3: Follow-up* have been streamlined and now have fewer mandatory fields
- Previous requirements to submit a Product Evaluation claim to DPIN have been removed.
- Better clarity that ALL assessments must be submitted at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) and that printed forms or fillable PDFs are to be used only when direct entry in the Evaluator Portal during the appointment is not feasible. (If printed forms or fillable PDFs are used, the information must be transcribed into [www.ditchthedarts.ca](http://www.ditchthedarts.ca) as soon as reasonably practicable.)

See below for more details on each form and submission details. **Reminder: pharmacies will NOT be reimbursed through DPIN effective July 1, 2023 and must enter assessment information into the Qatalyst evaluator portal at [www.ditchthedarts.ca](http://www.ditchthedarts.ca).**

#### 1) **Evaluator Portal** ([www.ditchthedarts.ca](http://www.ditchthedarts.ca))

As a social impact bond, *Quit Smoking With Your Manitoba Pharmacist* will be thoroughly evaluated by Qatalyst Research Group with three major objectives: to measure the success of pharmacists in achieving the program objectives, to assess the value-for-money of the program, and to provide evidence-informed recommendations for future delivery of the program.

To support program evaluation, **all readiness to quit/consent/enrollment forms and all initial and follow-up assessment documentation MUST be submitted online at Qatalyst's evaluator portal ([www.ditchthedarts.ca](http://www.ditchthedarts.ca)).**

(While fillable PDFs or printable forms \*may\* be used when recording directly at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) during the client appointment is not feasible, the content of these forms MUST be transcribed at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) as soon as is practicable.)

**Pharmacies will ONLY be reimbursed for those assessments which are submitted at the evaluator portal.**

# Quit Smoking with YOUR Manitoba Pharmacist

[Home](#) [Forms](#) [Records](#)

[Account Settings](#) [Log Out](#)

## Home

You are signed in as [hello@ditchthedarts.ca](#).

### Submit a Form

[Form 1: Readiness to Quit](#)

[Form 2: Initial Assessment & Plan](#)

[Form 3: Follow-up](#)

### Edit or Print Forms

You may view, edit and print forms you have submitted in the last 24 hours by going to the [Records](#) page. You WILL NOT be able to view, edit or print form that have been submitted more than 24 hours ago.

### PDFs

If you will not have internet access or otherwise be unable to access the Ditch the Darts website during an assessment, please print out complete the form on paper. Copy the information to the online form when you are able.

[Form 1: Readiness to Quit](#)

[Form 2: Initial Assessment & Plan](#)

[Form 3: Follow-up](#)

### Support

For technical support or to provide feedback on this website, please send an email to Dylan at [dylan.weicker@ditchthedarts.ca](mailto:dylan.weicker@ditchthedarts.ca).

From the main portal page, you can:

- Access the Readiness to Quit/Consent/Enrollment form
- Access the Initial Assessment form
- Access the Follow-Up assessment form
- View, edit, and print forms submitted in the past 24 hours.

(To view, edit, and print forms submitted more than 24 hours previous or for any other technical support related to [www.ditchthedarts.ca](http://www.ditchthedarts.ca), you may email Dylan at [dylan.weicker@ditchthedarts.ca](mailto:dylan.weicker@ditchthedarts.ca))

## 2) Form 1: Readiness to Quit and Client Enrollment

Manitobans who meet the eligibility requirements (18+ years of age, valid Manitoba health card, smokes cigarettes, ready to set a “quit date” within the next 30 days) may be evaluated for their readiness to quit smoking and interest in enrolling in this comprehensive program to support smoking cessation.

The purpose of *Form 1: Readiness to Quit* is to assess a client’s readiness to quit smoking cigarettes using a confidence-conviction scale, soliciting their reasons for quitting, and assessing whether they are willing to set a quit date within the next 30 days. Consent to

participate in all aspects of the program shall be documented if the patient is ready and willing to enroll after being provided sufficient information to provide informed consent.

### Form 1: Readiness to Quit

Readiness Assessment	
How important is it for you to quit for good?	<input type="text"/>
How confident are you that you can quit for good?	<input type="text"/>
How ready are you to quit within the next 30 days?	<input type="text"/>
When would you like to stop using tobacco products by? (QUIT date)	<input type="text" value="yyyy-mm-dd"/>
What are your motivations for quitting smoking?	<input type="checkbox"/> Family/relationships <input type="checkbox"/> Improve general health <input type="checkbox"/> Other existing illnesses <input type="checkbox"/> Financial <input type="checkbox"/> Other: <input type="text"/>
<input type="text"/>	
Would you like to enrol in the program?	Date of enrolment
<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="yyyy-mm-dd"/>
Enrolment Confirmation	
Patient consents	Pharmacist consents
<input type="text" value="No"/>	<input type="text" value="No"/>
<small>*By consenting to enrol, I (the patient) agree to work with the pharmacist to stop smoking by the proposed QUIT date and consent to sharing my health information with other healthcare providers as needed.</small>	<small>*By indicating consent, I (the pharmacist) agree to assist the patient in quitting smoking including conducting mandatory patient follow-up appointments at 6 and 12 months.</small>
Date of initial assessment appointment	<input type="text" value="yyyy-mm-dd"/>

Please note: In enrolling in the program, clients are consenting to participate in all aspects of the program, including an initial assessment, additional follow-up appointments (including mandatory follow-up at 6- and 12-months following the initial assessment) over 12 months, and to be contacted by Qatalyst Research Group for program evaluation at the 1- and 2-year mark. These expectations should be clearly communicated to and understood by clients prior to their enrollment.

### Smoking Cessation Program Consent Form

**Background:** Pharmacists Manitoba and community pharmacists are delivering a smoking cessation program with support from private businesses and the Government of Manitoba. This program will be evaluated to let us know how well the program is working for you and everyone else who volunteers to participate. The results from the evaluation will help us make decisions on how we can improve the program and how the government will continue to support this program. If you wish to be included in this initiative, we need your consent to use your data in the evaluation.

**Your information will be kept confidential and secure:**

- All information you provide will be kept confidential. This means your name, identification numbers and other personal information will not be accessed except by the pharmacists who provide services and the program evaluators.
- All information you provide will be kept in secure locations.
- The information you provide will be linked to Health data and other administrative data. All linked data will be kept confidential and secure. These linked data will be used to help improve the program and are necessary for the evaluation of the program.

**Pharmacists Manitoba and the evaluator will collect the following information that will be used in the evaluation:**

- An initial assessment questionnaire.
- Follow-up assessments: There could be between 1 to 9 follow-up meetings between yourself and the pharmacist.
- Information about the smoking cessation services and products you receive while you are in the program.
- A short interview 1 year after your assessment and another short interview 2 years after your assessment.
- A short interview to discuss your opinions regarding the Smoking Cessation Program.

**Please check off each line below, and then sign this consent form.**

- I consent to participate in the evaluation of the Smoking Cessation project.
- I understand my personal information will be collected and used for evaluation and research purposes only.
- I understand that the evaluator and the Government of Manitoba will have access to this data for the purposes of research and evaluation only, and is authorized to use data under the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

---

Patient Name, signature and date

The [Smoking Cessation Program Consent Form](#) should be provided to clients during their Readiness to Quit Assessment. Once signed by the client, it shall be retained in the client file at the pharmacy and a copy may be provided to the client for their information. Consent is also recorded at [www.ditchthedarts.ca](http://www.ditchthedarts.ca).

During the Readiness to Quit/Enrollment, a date and time for the Initial Appointment should be mutually agreed upon by the pharmacist and client.

**Please note: Pharmacies are required by regulation to print the completed *Form 1: Readiness to Quit* and retain it either electronically or in hard format at the pharmacy as part of the overall patient record.**

### 3) Form 2: Initial Assessment

Pharmacies may submit one (1) Initial Assessment per eligible client per 365-day period. This 365-day period commences as of the date of the Initial Assessment. An Initial Assessment includes a health and medication history, tobacco use history, personalized quit plan, and prescribing of pharmacotherapy (where appropriate) and is expected to last up to 60 minutes in duration.

Pharmacies shall receive \$100 for each *Form 2: Initial Assessment* submitted at [www.ditchthedarts.ca](http://www.ditchthedarts.ca). Payment will be issued by Pharmacists Manitoba to participating pharmacies on a quarterly basis, subject to any reconciliation and investigation of submitted claims.

## Form 2: Initial Assessment & Plan

### Tobacco Use Habits & History

How many years have you been smoking?

What tobacco products do you use? How much of each product do you use per day?

1.

2.

3.

What kind of smoker would you describe yourself as? Check all that apply.

Daily  Occasional  Social  Alone

Where do you usually smoke? Check all that apply.

Home  Work  Car  Social gatherings  Leisure activities  Others:

Who in your immediate regular life also smokes? Check all that apply.

Friends  Co-workers  Family (household)  Family (non-household)  Significant Other  Others:

*Add the scores preceding the selected answers in the portion below to determine Fagerstrom nicotine dependency*

How soon after waking do you smoke your first cigarette?

Is it hard to not smoke in places where it's not allowed?

Which cigarette would you hate to give up most?

How many cigarettes a day do you smoke?

Exact amount per day

Do you smoke more during the morning than rest of the day?

Do you smoke even if you are sick in bed most of the day?

Dependence:    0-2 = very low    3-4 = low    5 = moderate    6-7 = high     $\geq 8$  = very high

**Note: Pharmacies are no longer required to submit claims for Initial Assessments to DPIN. This element of the previous Claim Submission Process has been removed entirely. Payment for Initial Assessments will be issued solely on the basis of submissions at [www.ditchthedarts.ca](http://www.ditchthedarts.ca).**

**Please note: Pharmacies are required by regulation to print the completed *Form 2: Initial Assessment & Plan* and retain it either electronically or in hard format at the pharmacy as part of the overall patient record.** Pharmacies are also encouraged to maintain a method for tracking Initial Assessments to help reconcile payments. It is at the discretion of the pharmacy manager as to how assessments will be tracked.

#### **4) Form 3: Follow-Up Assessment**

Pharmacies may submit for up to nine (9) Follow-Up Assessments per eligible client per 365-day period. This 365-day period commences as of the date of each client's Initial Assessment.

A Follow-Up Assessment determines a client's current tobacco use status, whether they have had any "slips" or "relapses" with respect to tobacco use since the previous appointment, assess the efficacy, tolerability, and adherence to pharmacotherapy, assesses the status of any health-related side effects from tobacco use, and assesses for the presence and severity of nicotine withdrawal symptoms.

Pharmacies shall receive \$20 for each *Form 3: Follow-up* submitted at [www.ditchthedarts.ca](http://www.ditchthedarts.ca). Payment will be issued by Pharmacists Manitoba to participating pharmacies on a quarterly basis, subject to any reconciliation and investigation of submitted claims.

#### **Mandatory 6- and 12-month Follow Up**

As part of evaluating the program objectives, participating pharmacies and clients \*must\* agree to follow up at the 6- and 12-month mark after the initial assessment to evaluate quit status.

"Sustained smoking cessation" in the program objectives is defined as *complete abstinence for a minimum of 30 consecutive days immediately prior to the evaluation dates*. While a patient's risk of harm is lowest when they are abstinent from ALL forms of nicotine, clients who are abstinent from smoking cigarettes but who continue to use e-cigarettes ("vapes") are considered to meet the definition of smoking cessation.

### Form 3: Follow-up

#### Smoking Habits & Behavioural Strategies

Have you used any tobacco or tobacco-like products since we last spoke?

Yes  No

If yes, what were the circumstances in each slip-up?

Date	Time	# cigs	Place	With Whom	Trigger
yyyy-mm-dd	<input type="checkbox"/>				
yyyy-mm-dd	<input type="checkbox"/>				
yyyy-mm-dd	<input type="checkbox"/>				
yyyy-mm-dd	<input type="checkbox"/>				
yyyy-mm-dd	<input type="checkbox"/>				

What have been your biggest challenges since we last spoke? How have you handled them?

	Previous patient concerns	Alternative recommendations
1		
2		
3		
4		
5		

Were there any additional concerns that came up since we last spoke?

	Additional patient concerns	Recommendations
1		
2		
3		
4		
5		

#### Smoking Symptoms & Symptoms of Withdrawal

0 = no symptoms, 5 = worst ever

	0	1	2	3	4	5
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath (exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath (rest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlegm production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cravings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Lost to Follow-Up (minimum 3 attempts)

*Form 3: Follow Up* contains a field in the Follow-up Record section that allows a participating pharmacist to indicate they were unable to reach a client after a minimum of three (3) attempts. These 3 attempts must occur over a period of no less than seven (7) days and the dates/times of attempted contact must be documented in the patient file.

#### Follow-up Record

Method of this consult

Call  In-person  Unable to reach (min 3 attempts)

Was this a mandatory consult?

Yes, 6 month  Yes, 12 month  No

Pharmacies that submit a *Form 3: Follow Up* indicating they were unable to contact a client as described above will be reimbursed \$20. Only 1 “lost to follow-up” claim may be submitted per client per pharmacy in a 365-day period. If the client subsequently re-engages with the program,



the pharmacy may resume providing services and bill up to the maximum of nine (9) follow-up appointments (including the failed attempt) over the 365 days following the client's initial assessment.

**Note: Pharmacies are no longer required to submit claims for Follow-Up Assessments to DPIN. This element of the previous Claim Submission Process has been removed entirely. Payment for Follow-Up Assessments will be issued solely on the basis of submissions at [www.ditchthedarts.ca](http://www.ditchthedarts.ca).**

**Please note: Pharmacies are required by regulation to print the completed Form 3: Follow Up and retain it either electronically or in hard format at the pharmacy as part of the overall patient record.** Pharmacies are also encouraged to maintain a method for tracking Follow-Up Assessments to help reconcile payment. It is at the discretion of the pharmacy manager as to how assessments will be tracked.

#### **5) Accuracy and Editing of Assessments**

- Assessments that are not submitted at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) will not be reimbursed
- Pharmacists must make every effort to document accurately and thoroughly the contents of their Initial and Follow-Up Assessments
- Any submitted Forms at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) may be viewed, edited, and printed for up to 24 hours after submission. To access forms submitted more than 24 hours ago, email Dylan at [dylan.weicker@ditchthedarts.ca](mailto:dylan.weicker@ditchthedarts.ca)
- If an error is noticed on a form, please edit the form at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) rather than submitting a duplicate entry
- If forms are being submitted at [www.ditchthedarts.ca](http://www.ditchthedarts.ca) on a date other than the assessment date, please ensure to submit the actual date of assessment on the form

Note: Based on feedback from participating pharmacists, the assessment forms have been streamlined and fewer fields are mandatory. The forms are intended to guide pharmacists through a thorough and comprehensive client assessment. However, the pharmacist may use their professional judgment as to which specific contents of the assessment they choose to cover.

#### **6) Dispensing, including Product Subsidy**

All tobacco cessation pharmacotherapy provided to clients participating in *Quit Smoking With Your Manitoba Pharmacist* shall be dispensed as a prescription, including nicotine replacement therapy. This will ensure that any and all pharmacotherapy used will be recorded for the purposes of program evaluation.

Dispensing claims should be submitted in pharmacy software as per normal practices. Nicotine replacement therapy, when submitted to DPIN, must include a "DU" (Drug Utilization) intervention code.

A \$100 subsidy to help offset out-of-pocket costs of eligible tobacco cessation pharmacotherapy is available for patients participating in *Quit Smoking With Your Manitoba Pharmacist*. Eligible products include “smoking cessation medication as approved by Health Canada or nicotine replacement therapy.” A list of eligible DINs/NPNs is provided as an Appendix below.

The subsidy may be used to cover costs of any Eligible Products, regardless of whether they were prescribed by a participating pharmacist or another authorized health professional. (Example: Zyban is an Eligible Product but is not within the scope of practice for a pharmacist to prescribe.)

The product subsidy will be adjudicated through patient assistance certificates provided by *ClaimSecure* and distributed by Pharmacists Manitoba. These certificates must:

- Only be used for patients participating in *Quit Smoking With Your Manitoba Pharmacist*;
- Only be used after ALL other coverages have been exhausted (“payor of last resort”), and;
- Not be used for products other than those eligible under this program

Each participating pharmacy will receive an initial allotment of certificates. To receive additional certificates, participating pharmacies may email [info@pharmacistsmb.ca](mailto:info@pharmacistsmb.ca) and provide the following information:

- Name of pharmacy
- DPIN provider number
- Quantity of certificates requested

Pharmacies requesting additional certificates should allow at least one (1) business day to receive certificates. Pharmacies are asked to only request the quantity of certificates they expect to use within a reasonable period of time, such as the following four (4) weeks.

## **7) Administering the Product Subsidy**

*ClaimSecure* certificates shall be entered on the patient profile in pharmacy software in a similar manner as other third party payors, with specifications as detailed below:

- a) Select CLAIMSECURE as the Third Party Payor
- b) Enter the Certificate Number provided by Pharmacists Manitoba
- c) Enter Group ID number
- d) Ensure CARDHOLDER is selected as the Relationship Code
- e) If the patient has an electronic primary plan (public or private), enter the Certificate Number as the LAST plan; if they have no coverage, enter it as the PRIMARY plan (after DPIN).
- f) Claims for eligible smoking cessation products can now be processed as a normal drug transaction with the above card information.

g) Inactivate the Certificate once the \$100 subsidy has been exhausted

Adjudication of the product subsidy shall occur in real-time and pharmacies shall be reimbursed according to their standard *ClaimSecure* payment schedule.

#### **8) Product Evaluation**

The previous requirement to submit a separate *Product Evaluation* claim (using PINs 00660003 through 00660011) to DPIN has been removed. This information is now captured in *Form 3: Follow-up*.

#### **9) Client Transfers**

Should a client transfer pharmacies while participating in Quit Smoking With Your Manitoba Pharmacist, they may opt to continue receiving smoking cessation services at the original pharmacy or transfer this service to the new pharmacy (assuming the new pharmacy is enrolled in the program and currently providing services).

If a client transfers smoking cessation services to the new pharmacy, the previous pharmacy should provide the courtesy of letting the new pharmacy know when the client's initial assessment took place and how many of the nine (9) follow-up appointments have been exhausted.

Product subsidy certificates may be transferred between pharmacies but should only be utilized by pharmacies participating in Quit Smoking With Your Manitoba Pharmacist. Reminder: once the \$100 subsidy has been exhausted, the certificate should be *inactivated* on the patient file to prevent further transactions being submitted to it.

#### **10) Restarting the Program**

Each Manitoban who is eligible to participate in the program may enroll and receive the program benefits (1 x initial assessment, up to 9 x follow-up assessment, up to \$100 product subsidy) ***only once per 365-day period***.

Should an eligible Manitoban continue to meet eligibility requirements, ***including currently smoking cigarettes and being ready to set a quit date in the next 30 days***, more than 365 days after their initial assessment, they may re-enroll in the program.

***Re-enrollment requires recommencing all aspects of the program***, including a renewed consent form and new initial assessment, to access follow-up appointments and a new \$100 product subsidy.

***Under no circumstances may more than one (1) ClaimSecure product subsidy certificate be used for a single client in a single 365-day period.*** Clients requiring additional financial

assistance may be candidates for [The Quit Card and Counselling Program](#), if it is available to them through their primary care provider.

## **Appendix A - List of Eligible Products for Product Subsidy**

Eligible Products include “smoking cessation medication as approved by Health Canada or nicotine replacement therapy.” A list of all eligible DINs and NPNs is provided below and includes all strengths and brands currently available in Canada. Some NPNs may be distributed under more than one product name.

DIN	Drug	Form
1943057	Habitrol 7mg	Patch
1943065	Habitrol 14mg	Patch
1943073	Habitrol 21mg	Patch
2091933	Nicorette Gum 2mg	Gum
2091941	Nicorette Gum 4mg	Gum
2093111	Nicoderm 7mg	Patch
2093138	Nicoderm 14mg	Patch
2093146	Nicoderm 21mg	Patch
2238441	Zyban 150mg	Tablet
2241742	Nicorette Inhaler 4mg	Inhaler
2247347	Nicorette Mini Lozenge 2mg	Lozenge
2291177	Champix 0.5mg	Tablet
2291185	Champix 1mg	Tablet
2298309	Champix 0.5mg/1mg Starter Kit	Tablet
2419882	Apo Varenicline 0.5mg	Tablet
2419890	Apo-Varenicline 1mg	Tablet
2426226	Teva-Varenicline 0.5mg	Tablet
2426234	Teva-Varenicline 1mg	Tablet
2426781	Teva-Varenicline 0.5mg/1mg Starter Pk	Tablet
2435675	Apo-Varenicline 0.5mg/1mg Starter Pk	Tablet
80000396	Thrive Gum 2mg Mint	Gum
80000402	Thrive Gum 4mg Mint	Gum
80007461	Thrive Lozenge 1mg Mint	Lozenge
80007464	Thrive Lozenge 2mg Mint	Lozenge
80013549	Quit! Transdermal Nicotine Patch	Patch
80014250	Quit! Transdermal Nicotine Patch	Patch
80014321	Quit! Transdermal Nicotine Patch	Patch
80015240	ACT Nicotine Gum 2mg Fresh Fruit	Gum
80015253	Nic-Assist Gum 4mg	Gum
80016367	Nic-Assist Lozenges 4mg	Lozenge
80017666	LB Nicotine Lozenge Mini 2mg	Lozenge

80019267	Nic-Assist Lozenges 2mg	Lozenge
80019550	LB Nicotine Lozenge Mini 4mg	Lozenge
80025654	Nic-Hit Gum 4mg	Gum
80025660	Nic-Hit Gum 2mg	Gum
80038858	Nicorette Quick Mist 1mg	Spray
80044389	ACT Nicotine Patch 21mg	Patch
80044392	ACT Nicotine Patch 14mg	Patch
80044393	ACT Nicotine Patch 7mg	Patch
80051600	NicQuit 14mg Patch	Patch
80051602	NicQuit 7mg Patch	Patch
80051603	NicQuit 21mg Patch	Patch
80054636	Nic-Hit Liquid Nicotine Spray 1mg	Spray
80057879	Thrive Gum 4mg Spearmint	Gum
80057891	Thrive Gum 2mg Spearmint	Gum
80059877	Nic-Hit Mini-Lozenge 2mg	Lozenge
80060452	Nic-Hit Liquid Nicotine Spray 2mg	Spray
80061161	Nic-Hit Mini-Lozenge 1mg	Lozenge
80087764	LB Nicotine Lozenge 2mg	Lozenge
80087765	LB Nicotine Lozenge 4mg	Lozenge
80107752	LB Nicotine Spray 1mg	Spray
80110858	Nicorette Lozenge 2mg	Lozenge
80112095	Nicorette Lozenge 4mg	Lozenge