

North Carolina Medical Board and North Carolina Board of Pharmacy Protocols for Nicotine Replacement Therapy July 21, 2023

Pursuant to S.L. 2021-110, these protocols adopted by the North Carolina Medical Board and the North Carolina Board of Pharmacy authorize immunizing pharmacists practicing pharmacy in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense, deliver, or administer the following nicotine replacement therapy products as directed below. https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/index.html

Nicotine Replacement Therapy (NRT) Dispensing Protocol **Eligible Candidates** Any person currently using nicotine containing products, who indicate a readiness to quit. This protocol may be used for persons < 18 years of age with a parent or legal guardian consent. High Nicotine Use*^ Initiate therapy based on Medium Nicotine Use*^ Low Nicotine Use*^ maximum use of 11+ cigarettes per day OR ≥2 cans or 5-10 cigarettes per day OR 0-4 cigarettes per day OR nicotine/ day at therapy pouches per week of snuff or chew OR 6-1 to 2 cans or pouches per week of less than 1 can or pouch initiation 12+mg/mL e-liquid snuff or chew OR 3-6mg/mL e-liquid per week of snuff or chew *Combination Per Product Label: Per Product Label: Per Product Label: Nicotine •Nicotine Patch 21mg/24hrs for 8 weeks. Nicotine Patch 14mg/24hrs for 8 •Nicotine Gum 2mg every Replacement therapy hour as needed for Then. weeks. Then, is strongly •Nicotine Patch 14mg/24hrs for 2 weeks. Nicotine Patch 7mg/24hrs for 4 cravings. (Max recommended. 20pieces/day) x 12 weeks. Then. weeks. Monotherapy may Nicotine Patch 7mg/24hrs for 2 also be appropriate. weeks. *Therapy choice should be based on AND / OR any of the following as needed AND / OR any of the following as OR time to first use, NRT products needed NRT products Nicotine lozenge 2mg quantity, patient Nicotine Gum 4mg every hour as needed Nicotine Gum 2mg every hour as every hour as needed for preference and for cravings. (Max 20pieces/day) x 12 needed for cravings. (Max 20 cravings. (Max 15/day) x comorbidities, data weeks. pieces/day) x 12 weeks. 12 weeks. from past attempts, and desired quit date. OR OR OR •Nicotine lozenge 4mg every hour as Nicotine Oral Inhaler Nicotine lozenge 2mg every hour as NRT use in women needed for cravings. (Max 15/day) x 12 needed for cravings. (Max 15/day) x Puff 6-8 cartridges per day who are pregnant or weeks. 12 weeks. as needed for cravings x breastfeeding: the 12 weeks. patient should be OR OR educated on the risks Nicotine Oral Inhaler Nicotine Oral Inhaler OR of smoking or vaping Puff 6-16 cartridges per day as needed for Nicotine Nasal Inhaler Puff 6-16 cartridges per day as needed versus the unknown cravings x12 weeks. 1-2 doses/hour; 8-20 for cravings x12 weeks. risks of NRT. If the doses per day as needed patient consents to OR for cravings x 12 weeks. OR NRT, then Nicotine Nasal Inhaler Nicotine Nasal Inhaler intermittent delivery 1-2 doses/hour; 8-40 doses per day as 1-2 doses/hour; 8-40 doses per day as formulations (gum, needed for cravings x 12 weeks. needed for cravings x 12 weeks. lozenge or inhaler) are believed to be safer than continuous delivery (avoid use of Transdermal Dermal patch). If the patient is pregnant, educate on importance of PCP/ObGyn for further prenatal care.





Patient Education & Behavioral Support	Every person dispensed NRT pursuant to these protocols shall receive education regarding appropriate use and potential adverse effects for the provided NRT product(s). Patients shall also be provided with behavioral support education or provided with referral information for support services. All North Carolinians can receive support for quitting through QuitlineNC by calling 1-800-QUITNOW (1-800-784-8669), texting READY at 200-400 or through the website www.QuitlineNC.com.				
Refills	PRN				
Contraindications	Per product labeling:				
*If patient has any of the	Myocardial infarction or Stroke/TIA within the last 2 weeks.				
following, refer to medical	Diagnosed with worsening or serious angina within the last 6 months				
provider for further care.	e. Diagnosed within last 6 months with very rapid or irregular heartbeat that required a change in activities or addition of medication.				
	A history of known hypersensitivity or serious adverse reaction to NRT or any of its components.				
	Contraindications for Nicotine Patch – Severe eczema or psoriasis				
Notification of primary	Pharmacists choosing to dispense NRT under the authority of these protocols shall notify the patient's primary				
care provider:	care provider within 72 hours after administration. Notification should include the pharmacist's name and NPI #,				
	and the pharmacy/practice name and phone number. If the patient does not have a primary care provider, the				
	pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary care				
	provider, and provide information regarding primary care providers, including private practices, federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located.				

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Nicotine Replacement Therapy Documentation & Communication Form						
Tobacco / Nicotine Use A Based on:		🗆 Time to fir	Medium st intake	□ Low □ Other		
Intake Comments:	Previous quit attempts	□Products use	d previously			
Is the patient pregnant or breastfeeding? □ Yes □ No If yes, did education include the risks of smoking/vaping vs. the possible risks of NRT? □ Yes □ No If yes, did the education include use of intermittent NRT through pregnancy and breastfeeding? □ Yes □ No						
Patient signature if they c	hoose to use NRT:			Date:		
	of age? □ Yes □ No f the consenting parent or le al guardian	gal guardian?		_Date:		
Did the patient identify a primary care provider? If yes, this communication to the primary care provider must be provided within 72 hours after administration of medication. If no, the patient shall be directed to information describing the benefits of having a primary care provider.						
Tobacco Cessation Thera	py Initiated:		Qty	Any Specific Notes/Comments for PCP		
Nicotine patch	🗆 7 mg, 🗆 14 mg, 🗆 21 m	g	Nicotine Oral Inhaler	□ 10 mg Cartridge		
Nicotine gum	□ 2 mg, □ 4 mg		Nicotine Nasal	□ 0.5mg Spray		
Nicotine lozenge	□ 2 mg, □ 4 mg					
 Provided product instructions per package insert Patch Use Directions: Apply patch to non-hairy, clean, dry skin on upper body between the neck and waist. Remove the previous day's patch before applying new patch. Rotate or switch site where apply patch daily. If you have intense, clear, troubling dreams or you cannot fall asleep only wear patch 16 hours per day with removal at bedtime. Gum Use Directions: Chew gum slowly until it tingles, then park between gum and cheek until tingling stops. Chew again until tingle returns and re-park. Repeat until tingling is gone and discard gum. Do not eat or drink while using gum. Lozenge Use Directions: Dissolve in mouth (do NOT bite). Move around in different places in mouth until taste/tingling stops. Do not eat or drink while using lozenge. Oral Inhaler Directions: Spray 1-2 doses/hour and up to 8-40 doses per day; do not sniff or inhale; tilt head back and spray Potential adverse effects, per package insert, reviewed with patient Patch: local skin reactions, headache, sleep disturbances Gum/Lozenge: burning/tingling in mouth, dyspepsia, hypersalivation, hiccups, headache Oral inhaler: mouth/throat irritation, headache, rhinitis, hiccups, dyspepsia Nasal spray: nasal/throat irritation, rhinitis, tearing, sneezing, cough, headache Patient DOB:						
Provided behavioral s Pharmacist Name: Pharmacy Address:	upport <u>OR</u> referral to 1-800-	QUIT NOW pro		navioral counseling resource: cist NPI #		

To: [Primary Care Physician] From: [Pharmacy / Practice Name] Pharmacy / Practice Address]

This letter serves to notify you that our shared patient has been dispensed nicotine replacement therapy (NRT) per North Carolina NRT Protocols, which permit immunizing pharmacists practicing in North Carolina to dispense, deliver, or administer NRT. Please see the attached documentation for your records.

If you have any questions, please call the pharmacy at [pharmacy phone #].

[Pharmacist Name] [Pharmacist NPI #]