



**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**

<b>Eligible Candidates</b>	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.		
<p><b>Initiate therapy based on maximum use of nicotine/ day at therapy initiation</b></p> <p>*Combination Nicotine Replacement therapy is strongly recommended. Monotherapy may also be appropriate.</p> <p>*Therapy choice should be based on time to first use, quantity, patient preference and comorbidities, data from past attempts, and desired quit date.</p> <p>NRT use in women who are pregnant or breastfeeding: the patient should be educated on the risks of smoking or vaping versus the unknown risks of NRT. If the patient consents to NRT, then intermittent delivery formulations (gum, 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.</p>	<p><u>High Nicotine Use*^</u> 11+ cigarettes per day OR ≥2 cans or pouches per week of snuff or chew OR 6-12+mg/mL e-liquid</p>	<p><u>Medium Nicotine Use*^</u> 5-10 cigarettes per day OR 1 to 2 cans or pouches per week of snuff or chew OR 3-6mg/mL e-liquid</p>	<p><u>Low Nicotine Use*^</u> 0-4 cigarettes per day OR less than 1 can or pouch per week of snuff or chew</p>
	<p><u>Per Product Label:</u> •Nicotine Patch 21mg/24hrs for 8 weeks. Then, •Nicotine Patch 14mg/24hrs for 2 weeks. Then, •Nicotine Patch 7mg/24hrs for 2 weeks.</p>	<p><u>Per Product Label:</u> •Nicotine Patch 14mg/24hrs for 8 weeks. Then, •Nicotine Patch 7mg/24hrs for 4 weeks.</p>	<p><u>Per Product Label:</u> •Nicotine Gum 2mg every hour as needed for cravings. (Max 20pieces/day) x 12 weeks.</p>
	<p><u>AND / OR any of the following as needed NRT products</u> •Nicotine Gum 4mg every hour as needed for cravings. (Max 20pieces/day) x 12 weeks.</p>	<p><u>AND / OR any of the following as needed NRT products</u> •Nicotine Gum 2mg every hour as needed for cravings. (Max 20 pieces/day) x 12 weeks.</p>	<p><u>OR</u> •Nicotine lozenge 2mg every hour as needed for cravings. (Max 15/day) x 12 weeks.</p>
	<p><u>OR</u> •Nicotine lozenge 4mg every hour as needed for cravings. (Max 15/day) x 12 weeks.</p> <p><u>OR</u> Nicotine Oral Inhaler Puff 6-16 cartridges per day as needed for cravings x12 weeks.</p> <p><u>OR</u> Nicotine Nasal Inhaler 1-2 doses/hour; 8-40 doses per day as needed for cravings x 12 weeks.</p>	<p><u>OR</u> •Nicotine lozenge 2mg every hour as needed for cravings. (Max 15/day) x 12 weeks.</p> <p><u>OR</u> Nicotine Oral Inhaler Puff 6-16 cartridges per day as needed for cravings x12 weeks.</p> <p><u>OR</u> Nicotine Nasal Inhaler 1-2 doses/hour; 8-40 doses per day as needed for cravings x 12 weeks.</p>	<p><u>OR</u> Nicotine Oral Inhaler Puff 6-8 cartridges per day as needed for cravings x 12 weeks.</p> <p><u>OR</u> Nicotine Nasal Inhaler 1-2 doses/hour; 8-20 doses per day as needed for cravings x 12 weeks.</p>



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

<b>Patient Education &amp; Behavioral Support</b>	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 <a href="http://www.QuitlineNC.com">www.QuitlineNC.com</a> .
<b>Refills</b>	PRN
<b>Contraindications</b> *If patient has any of the following, refer to medical provider for further care.	Per product labeling: Myocardial infarction or Stroke/TIA within the last 2 weeks. Diagnosed with worsening or serious angina within the last 6 months 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
<b>Notification of primary care provider:</b>	Pharmacists choosing to dispense NRT under the authority of these protocols shall notify the patient's primary 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.



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 #]