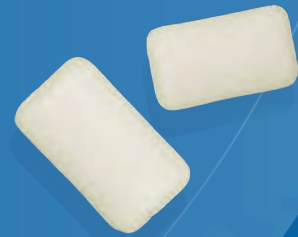




Florida Chapter of the  
American Academy of Pediatrics  
INCORPORATED IN FLORIDA

# Pharmacotherapy and Nicotine



## **Disclaimer:**

This document provides current information as of August 2024.  
Due to the evolving impact of vaping on youth health, we  
recommend using this document as an informational resource  
rather than explicit medical advice.

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# Introduction

The American Academy of Pediatrics recently provided guidance on [Nicotine Replacement Therapy \(NRT\) and Adolescent Patients](#). For youth who are struggling with quitting, NRT may be an important tool. The American Academy of Pediatrics recommends its off-label use in adolescents who exhibit moderate to severe nicotine dependence from vaping<sup>1</sup>. Notably, most e-cigarettes contain nicotine, which is highly addictive and significantly contributes to heightened dependence among our youth<sup>2</sup>. The AAP provides pediatricians with information to help make informed decisions about using NRT with youth who wish to quit smoking or vaping<sup>3</sup>. Appropriate behavioral and pharmacologic support may increase the odds of quitting successfully. Tobacco dependence treatment should be tailored to the youth's level of dependence<sup>4</sup>.

The Affordable Care Act requires all Medicaid enrollees to have access to all seven cessation medications. Despite this requirement, coverage varies by state. States can impose barriers such as cost-sharing, prior authorization, and stepped-care therapy. States with Medicaid Managed Care plans can require all managed care plans to cover these medications<sup>5</sup>.

Some of these medications are available over the counter (OTC), meaning a patient does not need a prescription to purchase them. However, for Medicaid to cover the treatment, the patient will still need a prescription for any medication, including any OTC medication. 'NRT' indicates that the medication is nicotine replacement therapy.

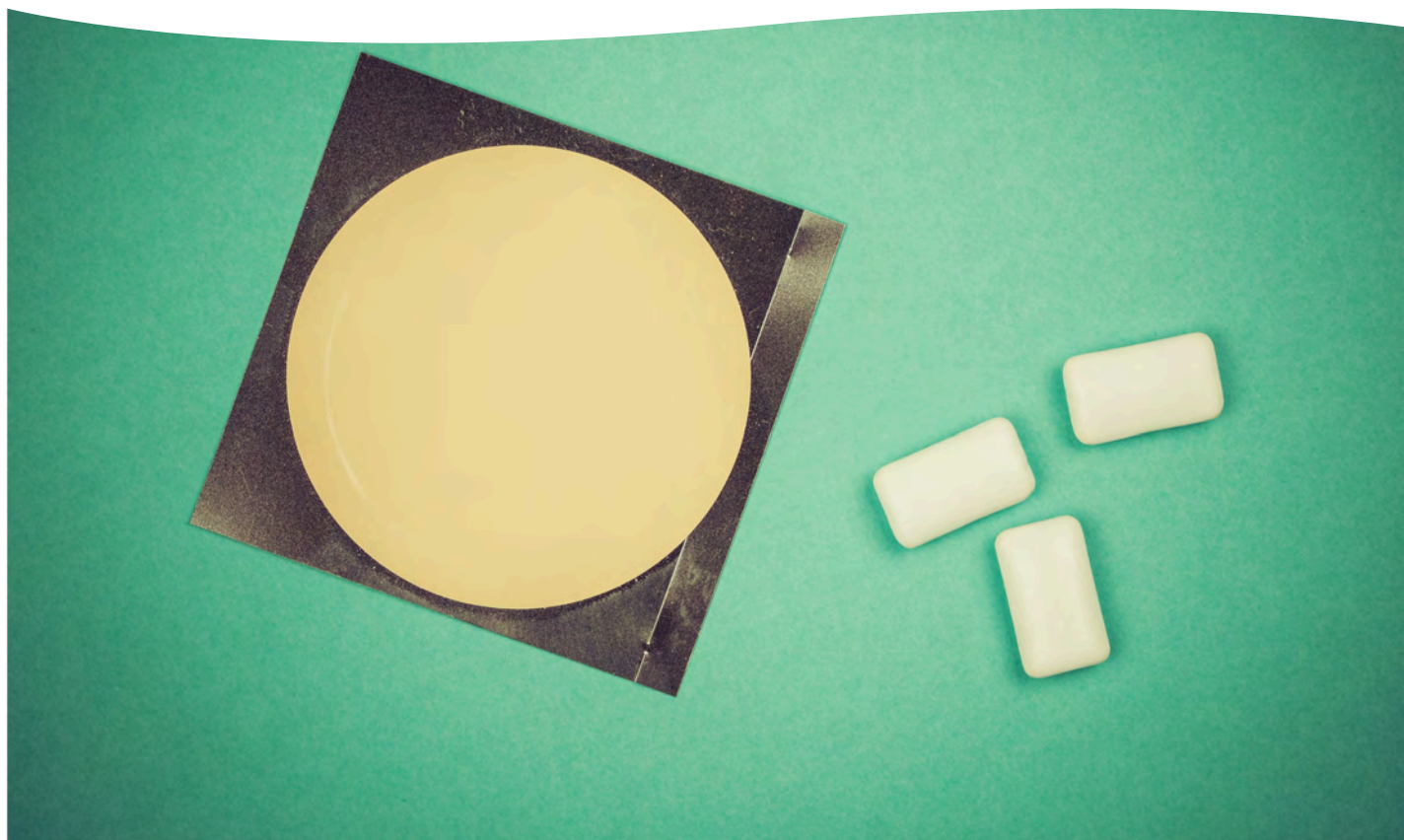
# Nicotine Replacement Therapy (NRT)

NRT addresses nicotine withdrawal symptoms by providing the user with a controlled amount of nicotine, thus helping reduce the urge to smoke or vape.

NRT is safe and effective in helping adult tobacco users quit and works best when paired with behavioral counseling interventions.

NRT comes in several forms, including the nicotine patch, gum, lozenge, inhaler, and nasal spray.

NRT is safer than cigarettes, e-cigarettes, and other tobacco products because it delivers nicotine to the



# Can Youth Use NRT?

**User without exposing them to the toxic chemicals and carcinogens in tobacco and e-cigarette products.**

FDA has not approved NRT for youth under 18 years old.

There is no evidence that NRT is effective in helping youth quit successfully. Data are limited due to a lack of adequately powered studies.

There is no evidence of serious harm from using NRT in adolescents.

Youth under 18 years old need a prescription to access all forms of NRT.

Given the effectiveness of NRT for adults and the severe harms of tobacco dependence, AAP policy recommends that pediatricians consider recommending off-label NRT for youth who are moderately or severely addicted to nicotine and are motivated to quit.



# Follow-up Care

Support youth by checking in regularly to offer support or guidance on the next steps. Consider utilizing your electronic health record portal, texting, or a simple phone call, keeping in mind privacy and confidentiality concerns. Quitting can be an incredibly difficult process and often is met with relapse. See [AAP Cessation Resources](#) for more resources <sup>6</sup>.

Reassure youth that this is common and support them with additional resources or referrals to other healthcare professionals as needed.

**To learn more about the types of NRT products, [please click here](#) to review a document from Mayo Clinic.**

## References

<sup>1</sup><https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/nicotine-replacement-therapy-and-adolescent-patients/>

<sup>2</sup> Jenssen, B. P., Walley, S. C., Groner, J. A., Rahmandar, M., Boykan, R., Mih, B., ... & Caldwell, A. L. (2019). E-cigarettes and similar devices. *Pediatrics*, 143(2).

<sup>3</sup>[https://www.aap.org/HelpKidsQuit?utm\\_source=MagnetMail&utm\\_medium=email&utm\\_term=dwilbanks%2Emlbhc%40yahoo%2Ecom&utm\\_content=PWA%20Jan%202024&utm\\_campaign=AAP%20Resource%20%2D%20Youth%20Tobacco%20Cessation%20Progressive%20Web%20App](https://www.aap.org/HelpKidsQuit?utm_source=MagnetMail&utm_medium=email&utm_term=dwilbanks%2Emlbhc%40yahoo%2Ecom&utm_content=PWA%20Jan%202024&utm_campaign=AAP%20Resource%20%2D%20Youth%20Tobacco%20Cessation%20Progressive%20Web%20App)

<sup>4</sup> AAP Section on Tobacco Control. Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke. *Pediatrics*. 2015;136(5):1008-1017. doi:10.1542/peds.2015-3108

<sup>5</sup> Protection, P., & Act, A. C. (2010). affordable Care Act. Public law, (111-148), 124.

<sup>6</sup> <https://www.aap.org/en/patient-care/tobacco-control-and-prevention/>