The East of England
Priorities Advisory Committee
A function of the PrescQIPP Programme

INTERIM GUIDANCE STATEMENT

Electronic cigarettes (e-cigarettes) and other novel nicotine containing products for tobacco dependence

PAC recommendation

- General practitioners should not prescribe e-cigarettes or other novel nicotine containing devices such as Voke. If asked to prescribe them, they should either encourage self care or refer the patient to a locally commissioned smoking cessation service for treatment in line with current policy.
- Local decisions should be made around future prescribing of e-cigarettes and other novel nicotine containing devices only after their place in therapy has been fully established and formulary processes have been followed.

Background

Novel nicotine containing devices are currently being developed for use as medicines in the UK.

Electronic cigarettes are novel devices that deliver nicotine by heating and vaporising a solution that typically contains nicotine, propylene glycol and/or glycerol and flavourings. Licensed versions of e-cigarettes that could be prescribed as medicines are currently in development.

The Voke device, a 'nicotine inhaler', is a breath-operated device which delivers pharmaceutical grade nicotine to the lungs as an aerosol and was the first novel nicotine delivery device licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). It was granted a marketing authorisation in September 2014,[1] but is not yet commercially available to purchase or prescribe.

A Public Health England (PHE) report has estimated that about 2.6 million adults used electronic cigarettes in 2015.[2] The report concludes that e-cigarettes may be 95% less harmful to health than smoking cigarettes, although the robustness of the evidence that underpins this claim is still under discussion.[2,3]

The report estimated that there are currently 1.8m prescription items dispensed each year that relate to smoking cessation (of which about 50% are nicotine replacement therapies). Unlike current smoking cessation products, e-cigarettes may also be aimed at reducing long term harm as well as facilitating nicotine withdrawal and relapse prevention, and are therefore potentially a life-long treatment.[4]

The cost of prescribable e-cigarettes is as yet unknown. If a prescribable e-cigarette became available at a cost of £600 per year and is prescribed to 1 million people on an ongoing basis (about 40% of current e-cigarette users), it would increase prescribing costs by £600m or about £1.1m per 100,000 population per year. It is likely that there will be some costs offset by reduced use of NRT but these are likely to be insignificant in comparison.[4] This cost would double if just 15% of non e-cigarette using tobacco smokers also converted to a prescribable e-cigarette to give a total cost of £2.2m per 100,000 population.

East of England Clinical Commissioning Groups support NICE public health guidance PH45 Tobacco: harm reduction,[5] and support the prescribing of nicotine replacement therapy only when used as part of a formal smoking cessation programme.[6]

Patients currently managed by local smoking cessation services are able to receive licensed nicotine replacement therapy (NRT) products either at the cost of a prescription charge or free of charge, when prescribed during a smoking cessation attempt by the user for a defined period of time along with on-going support. Patients not receiving support would however need to purchase NRT from any of the available outlets for these products. Unless part of a commissioned stop smoking service, General Practitioners are not expected to prescribe NRT products for their patients and if asked, should either encourage self-care or refer to one of the locally commissioned smoking cessation services.

As licensed medicines, the underling commissioning principle that new treatments should be assessed for funding according to the basic principles of clinical effectiveness, safety and cost-effectiveness within an ethical framework that supports consistent decision making, will apply to e-cigarettes and other novel nicotine containing products.

It is therefore recommended that e-cigarettes and other novel nicotine containing products only be considered for funding as part of a formal smoking cessation programme once they have been fully evaluated, their place in therapy established, and formulary processes have been followed.

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Document history

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References

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