



January 2016

E-Voke® electronic inhaler to relieve and/or prevent withdrawal symptoms and reduce the cravings associated with tobacco dependence.

The New Therapies Subgroup of the Greater Manchester Medicines Management Group (GMMM) discussed the above drug at its meeting on 19th January 2016. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMM considered the use of e-Voke® electronic inhaler to relieve and or prevent withdrawal symptoms and reduce the cravings associated with tobacco dependence.

The group does not recommend the use of e-Voke® on the NHS.

Further data is required evaluating the use of e-Voke® as a stop smoking aid and comparing use to other nicotine replacement therapies (NRT) prior to its use within the Greater Manchester region.

Depending on the number of inhalations per day the e-Voke may be more costly than NRT. Current data available does not evaluate the benefit of e-Voke as a stop smoking aid. The NICE guidance on Tobacco Harm Reduction recommends that quitting all forms of nicotine use is the best option for smokers due to the long term risks associated with nicotine use.

E-Voke® is a GSL medicine and is still available for purchase by patients.

According to set criteria e-Voke® was deemed to be a very low priority for funding

** This recommendation is valid unless it is has been superseded by a NICE TA or national guidance. The recommendation will only be reviewed when there is substantial new data that may change the initial recommendation. For recommendations that are >24 months old please note that there may be new data available and this should be checked prior to prescribing.*

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

References available on request.

Commissioning Implications for CCGs

As a very low priority for funding, there should be no financial or commissioning implications and this may be added to the Do Not Prescribe list.

There are no implications for Secondary Care nor Mental Health Trusts if the recommendation is followed.

EMVA