

Extract from minutes of the Commission on Human Medicines (CHM)

1. The Chair of the Working Group, gave an introduction to the Commission and said that the re-establishment of the 2005 Working Group had been endorsed by the Commission at their September 2009 meeting, to give advice to CHM on Nicotine Replacement Therapy (NRT) and harm reduction. He highlighted the extensive expertise and quality of the input of the re-constituted Group, whose Terms of Reference were to:

- Consider the evidence of safety and efficacy of a harm reduction element as part of the indication for the Nicorette inhalator
- To advise on whether indications including harm reduction are appropriate for other forms of NRT
- To advise on changes to product information that would maximise the benefits and minimise the risks of NRT in relation to active and passive smoking
- To advise on communication of relevant information to health care professionals and the general public.

2. It was noted that, since the advice of the Working Group in 2005, it had become widely accepted that there were no circumstances in which it was safer to smoke than to use NRT. The 2005 advice had already resulted in removal of many barriers in relation to use of NRT, with restrictions on use having been minimised for pregnant and breast feeding women, those with heart disease, kidney/liver problems, diabetes, and children aged 12 to 18 years. New indications for NRT such as 'cut down to quit' and 'temporary abstinence' had been introduced in 2005 and 2006 and as such, there had been a significant move towards a harm reduction approach. The Group noted that the lack of safety concerns since that advice had been given was reassuring.

3. The MHRA presented the application for a harm reduction indication for the Nicorette Inhalator product. The Working Group had met the previous day (14 October 2009) to consider the application and unanimously recommended that:

- the indication for harm reduction should be approved as proposed
- that warnings relating to other at risk populations, such as those with cardiovascular disease and diabetes should be reviewed to ensure they are in line with latest evidence and consistent with the harm reduction indication
- that the MA holder should be asked to provide a robust risk management plan
- use in pregnancy should be in section 4.1 of the SPC reflecting a positive indication for harm reduction in pregnancy
- that a harm reduction indication should in principle be extended to other forms of currently licensed NRT products, with common core indications for all products

4. The Commission noted that the efficacy for temporary abstinence had been demonstrated. With regards to safety it was noted that there was a well established favourable risk benefit for Nicorette inhalator in the current indication, however if the proposed harm indication was approved individuals may use the product long term.

5. From the data available for patients without pre-existing cardiovascular disease there was little evidence that nicotine was a risk factor for this, however, the commission noted the absence of long term safety data in patients with cardiovascular disease. The Commission agreed that although there was a lack of evidence to support long term safety for the Nicorette Inhalator product, there was a spectrum of evidence which supported the safety of NRT in long term use and data from Sweden on the use of SNUS (a moist snuff) supported this conclusion (SCENIHR report Health Effects of Smokeless tobacco Products (February 2008)). Furthermore a systematic review (Pisinger & Godtfreson Nicotine & Tobacco Research 2007;6:631-46) suggested that a substantial reduction in smoking improved several cardiovascular risk factors, and respiratory symptoms.

6. The Commission agreed that there was a substantial body of evidence which showed the negative effects of tobacco smoke on growth and lung function in the fetus and they strongly supported an indication for use in pregnancy.

7. The Commission agreed that the ideal scenario was for smokers to quit without the use of NRT, particularly patients with cardiovascular disease and pregnant women. It was important to be clear that smokers should quit without the use of NRT if they are able to. They also recognised, however, that the use of NRT could double the chances of a successful quit attempt and there were consequences to failed quit attempts, including lifelong effects on the unborn child.

8. The Commission advised that there was a need for further research and data collection to assess long term safety and agreed that the MA holder should be asked to provide a robust risk management plan that would satisfactorily address the outstanding issues.

9. MHRA said that the Working Group had provided helpful advice on the key headline messages and that further input from the Working Group should be sought in relation to communications. Complex messages needed to be communicated and advice from the Patient Information EAG would also be important in developing these.

10. In conclusion, the Commission endorsed the recommendations of the Working Group, advised that the variation should be granted to authorise the harm reduction indication for the Nicorette inhalator product and endorsed use of the Nicorette inhalator in pregnancy. The Commission advised that a harm reduction indication should be applicable to all other forms of currently licensed NRT products, with common core indications for all NRT products.

11. The Commission recognised that there were wide implications if this advice was accepted by the Licensing Authority and the Chair reminded members of the need for confidentiality.