

## **MINISTRY OF HEALTH DECISION BRIEFING NOTE**

### **PREPARED FOR: PSLT -FOR DECISION**

**TITLE:** Smoking Cessation Nicotine Replacement Products (NRTs) Request for Proposal (RFP) Evaluation Criteria

**PURPOSE:** To determine the Evaluation Criteria to be used for scoring the manufacturer submissions for Smoking Cessation NRT RFP in 2020.

### **BACKGROUND:**

- The B.C. Smoking Cessation Program (the Program), launched September 30, 2011, helps eligible B.C. residents who wish to stop smoking or using other tobacco products by:
  - covering 100% of the cost of nicotine replacement therapy (NRT) products including nicotine gum, transdermal patches, lozenges and inhalers; or
  - contributing to the cost of specific smoking cessation prescription drugs such as bupropion (Zyban®), or varenicline.
- Johnson & Johnson (J&J) is the current NRT supplier in BC, and the current PLA ends December 31, 2020. For a seamless supply of NRTs, a re-procurement is being conducted.
- In the previous RFP, 20% of total score was attributed to Value Add section, which allows manufacturers to submit for additional NRTs or incentives above the minimum requirements.
- In the 2015 RFP, the score difference between the two proponents was minimal, 82/100 compared to 85.35/100. The successful proponent, J&J, won the contract award due to a higher score in the Value Add portion s.17
- Through Value Add, J&J offered addition of 2mg and 4mg lozenges, addition of inhaler, access to market research support, education/training funding for community pharmacists through the BC Pharmacy Association s.17 and promotion funding for the Program through QuitNow Services s.17
- For the 2020 RFP, clinical review was requested to assess and evaluate the minimum NRTs required for a successful Smoking Cessation Program, in order to update the Evaluation Criteria accordingly.
- Current NRTs availability and suppliers in the Canadian market:
  - Gum and patch
    - J&J, GSK, Actavis
  - Gum, patch and lozenge
    - J&J, GSK
  - Gum, patch, lozenge and others (e.g. inhalers, mists)
    - J&J

### **DISCUSSION:**

- As per clinical assessment and evidence review, all NRTs are clinically equivalent, and thus the pricing should be equivalent across the NRT products.

- There is clinical evidence that shows combining a long-acting NRT (patch) + a short-acting NRT (gum, lozenge, inhaler etc.) is more effective than any single therapy:
  - While evidence shows combination therapy is efficacious, more clinical research is needed to determine its cost-effectiveness.
  - This review can take a year or longer, thus this cannot be considered for this RFP.
  - It is recommended to continue clinical research and review in this area.
- As per evidence, the minimum required NRTs for a successful Smoking Cessation program should be: 1 long-acting NRT (patch) and 1 short-acting NRT (gum).
- Please see Appendix A for the utilization of NRTs in 2019 based on Rebate Units.
- Regarding short-acting NRTs, while gum is a good standard option, it can be a problem for patients with jaw issues or dental appliances, thus having lozenges as an option could be beneficial if similar price is achieved, like the current pricing agreement.
- Thus, patch and gum could be the minimum required core NRTs and additional products such as: lozenges, inhalers etc. could be included by manufacturers in the Value Add section.
- This approach is similar to 2015 RFP, in which patch and gum were the core NRT products.
- For the 2020 RFP, two options are proposed below to determine the Evaluation Criteria. Please refer to Appendix B for the breakdown of Evaluation Criteria options.

## **OPTIONS FOR EVALUATION CRITERIA**

s.13

## **RECOMMENDATION:**

s.13

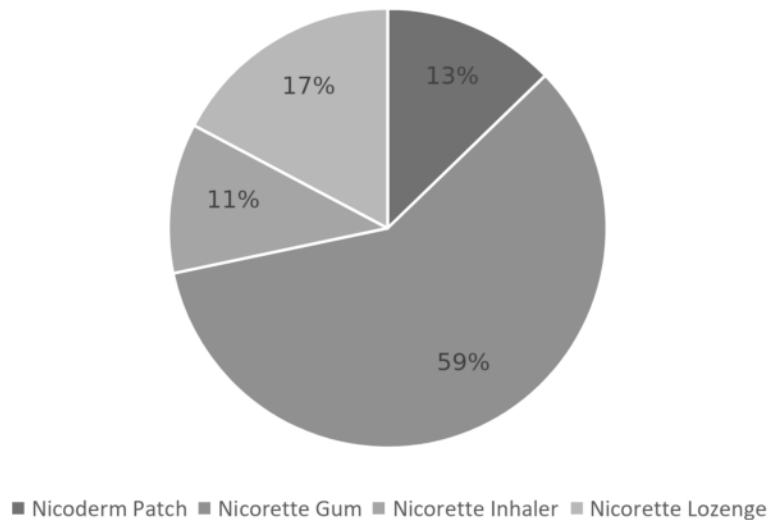
## APPENDIX A: 2019 NRTs UTILIZATION

Table 1A: 2019 NRTs Utilization

Brand Name	List Price	Net Price	Rebate Units	Utilization/NRT	Utilization/Category	Comments
Nicoderm 7mg patch	s.17			2%	13%	One patch daily
Nicoderm 14mg patch				4%		
Nicoderm 21mg patch				7%		
Nicorette 2mg gum				27%	59%	Max 20 pieces/day
Nicorette 4mg gum				32%		
Nicorette 10mg inhaler				11%	11%	Max 12 cartridges/day
Nicorette 2mg mini lozenge				9%	17%	Max 24 pieces/day
Nicorette 4mg mini lozenge				8%		
<b>Total</b>				<b>100%</b>	<b>100%</b>	

Graph 1A: 2019 NRTs Utilization

### 2019 NRTs Utilization (based on Rebate Units)



## APPENDIX B: EVALUATION CRITERIA OPTIONS

Table 2A: 2015 RFP Weighted Evaluation Criteria:

<b>Weighted Evaluation Criteria</b>	<b>Score/Points Available</b>	<b>Minimum Score</b>
Corporate Capabilities (Section 5.1)	10	7
Product Suitability (section 5.2)	<b>Pass/fail</b>	N/A
Value Add (Section 5.3)	20	N/A
<b><i>Sub Total</i></b>	<b>30</b>	
<b><i>Price</i></b>	<b>70</b>	
<b><i>Total</i></b>	<b>100</b>	

Table 2B: Proposed 2020 RFP Weighted Evaluation Criteria:

<b>WEIGHTED EVALUATION CRITERIA</b>	<b>MAX POINTS AVAILABLE</b>	<b>MINIMUM SCORE</b>
Corporate Capabilities (Section 5.1)	10	7
Product Suitability (section 5.2)	<b>Pass/fail</b>	Pass
Value Add (Section 5.3)	20	N/A
<b><i>Sub Total</i></b>	<b>30</b>	
<b><i>Price Total</i></b>	<b>70</b>	
<b><i>Total Score</i></b>	<b>100</b>	

Table 3A: 2015 RFP Price Evaluation Criteria:

PRODUCT TYPE	PRICE POINTS AVAILABLE		TOTAL
	LIST PRICE	NET PRICE	
<b>PATCH PRODUCTS</b>			
<b>LOWER DOSE PATCH</b>	1	6	
<b>MEDIUM DOSE PATCH</b>	2	16	
<b>HIGHER DOSE PATCH</b>	2	26	
<b>Total for Patch Products</b>	<b>5</b>	<b>48</b>	<b>53</b>
<b>GUM PRODUCTS</b>			
<b>GUM 2 MG</b>	1	7	
<b>GUM 4 MG</b>	1	8	
<b>Total for Gum Products</b>	<b>2</b>	<b>15</b>	<b>17</b>
<b>TOTAL</b>			<b>70</b>

Table 3B: Proposed 2020 RFP Price Evaluation Criteria: Based on Net Costs of Gum &amp; Patch

PRODUCT TYPE	MAX PRICE POINTS AVAILABLE		MANUFACTURER SCORE
	LIST PRICE	NET PRICE	
<b>PATCH PRODUCTS</b>			
<b>LOWER DOSE PATCH</b>	1	5	
<b>MEDIUM DOSE PATCH</b>	1	14	
<b>HIGHER DOSE PATCH</b>	1	23	
<b>Total for Patch Products</b>	<b>3</b>	<b>42</b>	<b>45</b>
<b>GUM PRODUCTS</b>			
<b>GUM 2 MG</b>	1	10	
<b>GUM 4 MG</b>	1	13	
<b>Total for Gum Products</b>	<b>2</b>	<b>23</b>	<b>25</b>
<b>TOTAL</b>	<b>5</b>	<b>65</b>	<b>70</b>

Changes based on relative utilization of patches and gums summary below\*

**SUMMARY:**

Gum & Patch Breakdown (based on Net Cost)	Net Cost	Net Cost	Net Cost %	Weighted Points	Weight Net Price Points
Nicoderm 7mg patch	s.17				
Nicoderm 14mg patch			64%	45	42
Nicoderm 21mg patch					
Nicorette 2mg gum			36%	25	23
Nicorette 4mg gum					
<b>Total</b>			<b>100%</b>	<b>70</b>	<b>65</b>

Patch Breakdown	Net Cost	Net Cost %	Net Cost % X Total Score
Nicoderm 7mg patch	s.17		5
Nicoderm 14mg patch			14
Nicoderm 21mg patch			23
<b>Total</b>			<b>42</b>

Gum Breakdown	Net Cost	Net Cost %	Net Cost % X Total Score
Nicorette 2mg gum	s.17		10
Nicorette 4mg gum			13
<b>Total</b>			<b>23</b>

Table 3C: Proposed 2020 RFP Price Evaluation Criteria: Based on Clinical Equivalency

	MAX PRICE POINTS AVAILABLE		MANUFACTURER SCORE
PRODUCT TYPE	LIST PRICE	NET PRICE	
<b>PATCH PRODUCTS</b>			
LOWER DOSE PATCH	1	13	
MEDIUM DOSE PATCH	1	13	
HIGHER DOSE PATCH	1	13	
<i>Total for Patch Products</i>	<b>3</b>	<b>39</b>	<b>42</b>
<b>GUM PRODUCTS</b>			
GUM 2 MG	1	13	
GUM 4 MG	1	13	
<i>Total for Gum Products</i>	<b>2</b>	<b>26</b>	<b>28</b>
<b>TOTAL</b>	<b>5</b>	<b>65</b>	<b>70</b>

Table 3D: Proposed 2020 RFP Price Evaluation Criteria: Based on allocating Lozenge and Inhaler Products to Gum Products (accounting for both Rebate Units & Net Costs)

	MAX PRICE POINTS AVAILABLE		MANUFACTURER SCORE
PRODUCT TYPE	LIST PRICE	NET PRICE	
<b>PATCH PRODUCTS</b>			
LOWER DOSE PATCH	1	4	
MEDIUM DOSE PATCH	1	12	
HIGHER DOSE PATCH	1	19	
<i>Total for Patch Products</i>	<b>3</b>	<b>35</b>	<b>38</b>
<b>GUM PRODUCTS</b>			
GUM 2 MG	1	13.5	
GUM 4 MG	1	16.5	
<i>Total for Gum Products</i>	<b>2</b>	<b>30</b>	<b>32</b>
<b>TOTAL</b>	<b>5</b>	<b>65</b>	<b>70</b>

NRT Products	2019 Rebate Units	%
Patch Units	s.17	13%
Gum units		59%
Inhaler & Lozenge Units		28%
<b>Total Units</b>		<b>100%</b>

NRT Products	2019 Rebate Units	%	Units * Net Price (of Patch/Gum)	%	Weighted Score (out of 65)
Long-Acting Units	s.17	13%	s.17	53%	35
Short-Acting Units		87%		47%	30
<b>Total Units</b>		<b>100%</b>		<b>100%</b>	<b>65</b>

Patch Breakdown	2019 Net Cost	Net Cost %	Net Cost % X Total Score
Nicoderm 7mg patch	s.17	12%	4
Nicoderm 14mg patch		33%	12
Nicoderm 21mg patch		55%	19
<b>Total</b>		<b>100%</b>	<b>35</b>

Gum Breakdown	2019 Net Cost	Net Cost %	Net Cost % X Total Score
Nicorette 2mg gum	s.17	45%	13.5
Nicorette 4mg gum		55%	16.5
<b>Total</b>		<b>100%</b>	<b>30</b>

Table 4A: 2015 RFP Value Add Evaluation Criteria:

Product	Max Points Available	Manufacturer Score
<b>Product Availability</b>		
Lozenges	2	
Mist	2	
Inhaler	2	
<b>Price Equivalency</b>		
Lozenges	3	
Mist	3	
Inhaler	3	
<b>Total Product Scoring (max 15 pts)</b>	<b>15</b>	
Research Support		
Healthcare Profession CME		
BCPhA Funding		
QuitNow Funding		
<b>Total Other Scoring</b>	<b>5</b>	
<b>Total Value Add Score</b>	<b>20</b>	

Table 4B: Proposed 2020 RFP Value Add Evaluation Criteria (decreasing points for additional products):

	MAX POINTS OPTION #1	MANUFACTURER SCORE	COMMENTS
<b>Additional Products Price Equivalency</b>			
Lozenges	3		
Inhaler	3		
Mist	3		
<b>Total Additional Products Score</b>	<b>9</b>		
<b>Other Value Add</b>			
Unrestricted Grants for Program-related functions	8		
Program Supports or Other Supports	3		
<b>Total Other Value Add Score</b>	<b>11</b>		
<b>Total Value Add Score</b>	<b>20</b>		

**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff # 1178787**

**PREPARED FOR:** Mitch Moneo, ADM, PLBSD - **FOR DECISION**

**TITLE:** RFP #11548 Nicotine Replacement Therapy Products

**PURPOSE:** To inform a decision on the successful proponent for RFP #11548 regarding the Nicotine Replacement Therapy products eligible for coverage through the BC Smoking Cessation Program.

**BACKGROUND:**

The BC Smoking Cessation Program (the Program), launched on September 30, 2011 by the Ministry of Health (the Ministry), helps BC residents stop smoking by providing the choice of a free supply of nicotine gum, lozenges, patches, inhaler, or PharmaCare coverage of bupropion or varenicline, for up to 12 weeks. Nicotine Replacement Therapy products (NRTs) are non-prescription smoking cessation products, and include various formats including nicotine gum, transdermal patches, lozenges, inhalers, and mists.

Following the completion of a competitive Request-for-Proposals (RFP) process in 2015, the Program has been providing coverage for one brand of nicotine patches (Nicoderm®), chewing gum (Nicorette®), lozenges (Nicorette® Mini Lozenge) and inhaler (Nicorette® Inhaler). The Product Listing Agreement (PLA) for these NRTs will expire on December 31, 2020. To ensure that the supply and availability of NRT products remain seamlessly in place for the Program, the Ministry issued another RFP on July 15, 2020, with a closing date of September 1, 2020.

**DISCUSSION:**

The competitive RFP process was conducted in accordance with Ministry procurement policy to ensure best value for NRT products, and to continue the success of the Program. The Pharmaceutical, Laboratory & Blood Services Division (PLBSD), with the support of Procurement Services Branch (PSB), have planned for an effective date of January 1, 2021 with sufficient time to enable Ministry communications in anticipation of a washout period for community pharmacies.

The RFP sought the best qualified supplier capable of timely and steady supply of NRT products with the best value. The RFP required the supplier to, at a minimum, submit for the required NRTs, which include nicotine transdermal patches (long-acting NRTs) and nicotine gums (short-acting NRTs). In addition, proponents were encouraged to submit any additional value-add products, such as: nicotine lozenges, inhalers, mists etc. (Value-Add Products). Proponents would have to provide equivalent or better pricing compared to the average gums pricing to obtain a score for the Value-Add Products. It was noted in the RFP that Ministry reserves the right to determine, which, if any Value-Add Products may be included in the final PLA.



The only compliant proposal was received from Johnson & Johnson Inc. (JJI), which is also the current supplier for the Program. The evaluation team conducted a thorough assessment ensuring that the supplier met the mandatory criteria and the desirable criteria which consisted of: Corporate Capabilities (10 percent), Value-Add (20 percent), Product Suitability (Pass/Fail) and Price of Required NRTs (70 percent). JJI met all the minimum requirements of the RFP and achieved a total score of 88.57 out of 100. Please refer to **Appendix 1** for the Evaluation Summary Memo provided by the PSB consultant.

### Program Evaluation<sup>1</sup>

In March 2020, BC Stats and the Ministry of Health conducted the B.C. Smoking Cessation Program Survey to assess the experience of individuals who accessed smoking cessation aids, including prescription drugs and non-prescription NRT products in B.C. during 2019. A total of 4,000 respondents completed the survey online or by telephone. Some key findings from the report include:

- The overall quit rate was 37% and the majority of respondents (66%) found the Program helpful.
- The highest proportion used the nicotine patch (44%), followed by nicotine gum (17%) and varenicline (15%).
- Users of nicotine gum and lozenges reported higher quit rates (49% and 48% respectively) than other smoking cessation products available under the program (ranging from 23% to 37%).
- Respondents using nicotine gum, lozenges and the nicotine patch rated program helpfulness higher than those using other types of cessation aids.

These findings indicate that the Program continues to be valuable in supporting British Columbians who wish to stop smoking. It also supports that lozenges have been received positively by Program participants and considered a valuable Value-Add NRT product.

### Pricing Summary

The required NRT products include nicotine transdermal patches (long-acting NRTs) and nicotine gums (short-acting NRTs):

- JJI has submitted the same list and confidential net prices for the patches as the current PLA.
- JJI has submitted the same list prices but lower confidential net prices for the gums compared to the pricing from current PLA.

The Province currently covers lozenges and inhalers as Value-Add NRTs under the current PLA. In 2015, the Province was not willing to move forward with coverage of the inhaler product unless a <sup>s.17</sup> per year budget cap was in place. Utilization of the inhaler easily surpassed the cap every year.

The JJI submission for Value-Add NRTs includes the following:

- The same list prices but lower confidential net prices for lozenges compared to the pricing from current PLA.

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<sup>1</sup> BC Stats. (2020). *Report on the B.C. Smoking Cessation Program Evaluation Survey*.

- A proposal for QuickMist product, not currently listed by the Province. JJI included in its submission that no budget cap will be considered for this product.
- Note: No inhaler products were submitted by JJI as it is being discontinued globally.

Other value-add as per submission:

- JJI has proposed an additional <sup>s.17</sup> for supporting Program functions and evaluation.

### BIA Summary

A business impact analysis (BIA) was conducted to compare the current PLA value to the JJI submission to determine the Program costs over a 3-year period across the various scenarios and decide upon the product lineup for the Program. These costs do not include the additional <sup>s.17</sup> the JJI proposal. The required NRT products are nicotine patches and gum and the Value-Add NRTs being contemplated include lozenges and QuickMist. Please refer to **Table 1** below for the summary.

**Table 1: BIA Summary for a 3-year Period**

	Actual or Estimated PharmaCare Paid Costs* <sup>s.17</sup>
Actual Costs for Previous 3-years, 2018 to 2019 calendar years (Gum + patch + lozenges + inhaler)	\$35.9M
No PLA Negotiated (Only required NRTs (gum + patch) covered at list price)	\$39.4M
Scenario 1: Required NRTs (gum + patch) & cover lozenges (not QuickMist) (All inhaler patients switch to gum)	\$39.7M
Scenario 2a: Required NRTs (gum + patch) cover lozenges & cover QuickMist (All inhaler patients switch to QuickMist)	\$48.2M
Scenario 2b: Required NRTs (gum + patch) & cover lozenges & cover QuickMist (All inhaler, 30% of gum and 30% of lozenge patients switch to QuickMist)	\$55.1M

\*Actual costs for years 2017 to 2019 and other scenarios are estimated based on a 3-year projected total.

\*\* This estimate accounts for 15% more patients for QuickMist in Year 1 as per the spike trend noted for Inhalers in Year 1 (Year 2016).

### **OPTIONS:**

s.13

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Withheld pursuant to/removed as

s.13 ; s.17

## FINANCIAL IMPLICATIONS:

As per the current PLA, the 3-year Program net costs are approximately s.17 compared to the 3-year cost projection of s.17 under Option 1, s.17 under Option 2 and s.17, if no PLA is negotiated.

The proposal from Johnson & Johnson Inc. provides s.17 s.17 which is not accounted for in the above projected costs. Please refer to BIA summary above and Table 1 for the breakdown of costs over a 3-year period for all the given options.

## RECOMMENDATION:

s.13

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Approved/Not Approved  
Mitch Moneo  
Assistant Deputy Minister

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Date Signed

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**Program ADM/Division:** Mitch Moneo, Pharmaceutical, Laboratory & Blood Services Division  
**Telephone:** (250) 952-1464  
**Program Contact (for content):** Kelly Uyeno, Executive Director  
**Drafter:** Yashna Sharma  
**Date:** October 8, 2020  
**File Name with Path:** X:\BusinessManagement\1 BMSRS\70450-30 Project files\NRT RFP (2020)\Evaluation\DBN

## Appendix 1

# MEMO

**Date:** September 27, 2020

**To:** Yashna Sharma  
**CC:** File for RFP 11548  
**From:** Janet Heino  
**Subject:** Consensus Evaluation Summary  
Ministry of Health  
RFP 11548 Nicotine Replacement Therapy Products

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The above RFP was issued and posted on BCBID on July 15, 2020 and closed September 1, 2020.

Copies of the RFP, any amendments issued, the Evaluation Instruction Handbook and the Evaluation Scoring Book (including recommended response guidelines and scoring criteria) were distributed electronically to evaluators for their individual review/evaluation prior to the consensus meetings.

The Evaluation Committee included:

Yashna Sharma  
Chris Ingram  
I Fan Kuo  
Maria Janicker

Procurement advice and administrative support was provided by Janet Heino.

### **Summary**

1. Two proposals were received on time electronically via BCBID and reviewed for compliance with the mandatory criteria. Only one proposal, submitted by Johnson & Johnson Inc. met the mandatory requirements.
2. This proposal was sent to each evaluation team member for their individual and independent evaluation. For each requirement, each evaluator assigned a score using the scoring criteria scale of 0-10 and provided notations to support their individual 1-10 score.
3. The consensus meeting was held on September 16, 2020. The evaluation team reviewed and discussed the proposal and came to consensus scores. Summary comments (based on the individual evaluators review notes and comments) were included on the proponent's consensus evaluation scoring sheet.
4. By consensus of the evaluation team and using evaluation method set out in the RFP, Johnson & Johnson Inc. met the minimum score for corporate capabilities. The Value-Add section was evaluated following the response guidelines as set out in the RFP and the evaluation guidebook.
5. Prior to the consensus scoring meeting, Janet Heino prepared the pricing working sheet and the Value-Add product worksheet (based the pricing for any Value-Add products proposed). The scoring methodology was as set out in section 7.3 of the RFP. These scores were added to the scores from the weighted criteria resulting in a total score for Johnson & Johnson Inc. (see Appendix A).

6. As Johnson & Johnson Inc. was the only response, this proposal received the total points for Price. This would be true regardless of the pricing submitted. However, based on input from evaluation team members, the prices proposed by Johnson & Johnson Inc. appear reasonable in the marketplace.
7. The evaluation summary with total scores and summary comments has been circulated to the Evaluation Committee members for their review. Each committee member has provided written confirmation of their agreement with results.

#### **Recommendations / Considerations**

- s.13; s.14; s.17

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On confirmation of the Ministry, letters will be sent to both proponents confirming their status in this procurement.

If you have any questions, please call me.

Janet Heino

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Withheld pursuant to/removed as

s.17

## Appendix B

### 5.3 Value-Add

The Province is interested in exploring products and/or services that would represent “Value-Add” to the Program. The Province is especially interested in receiving submissions for lozenges, if available by the Proponent, in order to provide an additional short-acting alternative for gums that may be challenging for some Program participants due to dental or jaw issues.

Value-Add may include, for example:

- Additional dosage forms and/or formats of NRT Products in addition to Patch, and Gum, (for example lozenges, inhalers, mist/spray etc.), with equivalent pricing (see Note 1 and Note 2);
- Unrestricted grants to support Program-related functions and/or ongoing Program evaluation (e.g. Program operations, promotion etc.); and/or
- Other Program supports or incremental financial incentives to the Province.

#### **Response Guidelines**

8. The proposal should provide a description of any value added services, supports and/or NRT products the Proponent is prepared to provide to assist the Province in meeting its goals in a cost effective and sustainable manner.
- 10 If additional NRT products are proposed as Value-Add, Complete Appendix B which includes:
  - Schedule 1 - Product Description and Product Price - Other Products; and
  - Schedule 2 - Health Canada DIN/NPN Information - Other Products.

#### **Note 1**

For any Value-Add products proposed, the Maximum Daily Net Price (as submitted on Appendix B, Schedule 1-Other Products) will be used to determine equivalent pricing.

For evaluation purposes, only those Value-Add products with a Maximum Daily Net Price equal to or less than the average Maximum Daily Net Price for Gum Products (2mg and 4mg) as submitted on Appendix B, Schedule 1 will be awarded points as a Value-Add.



**From:** Kuo, I Fan HLTH:EX (IFan.Kuo@gov.bc.ca)  
**To:** Sharma, Yashna HLTH:EX (Yashna.Sharma@gov.bc.ca)  
**Subject:** RE: QuickMist Assessment  
**Sent:** 10/06/2020 22:18:59  
**Attachments:** smoking cessation.docx  
**Message Body:**

Hi Yashna,

s.13

I fan

**From:** Sharma, Yashna HLTH:EX <Yashna.Sharma@gov.bc.ca>  
**Sent:** October 6, 2020 10:54 AM  
**To:** Kuo, I Fan HLTH:EX <IFan.Kuo@gov.bc.ca>  
**Subject:** QuickMist Assessment  
**Importance:** High

Hi I Fan,

I am working with Econ to finalize the BIA for NRTs to then provide some recommendations in the DBN about whether QuickMist should be covered or not? But I am struggling with one issue where I could use your clinical insight.

s.13

Do you have time for a call anytime today? Sorry for the rush? I am hoping to finalize and submit the DBN by Thursday this week as I am away from Friday-Tuesday and we need DBN approval by mid-October.

Please let me know if we can chat.

Thanks!!

Yashna

Product	Maximum Daily Dose	Dispense limits (12 weeks)	Max dose we cover
NicoDerm Patch	21 mg – one patch daily	84 patches	Once patch/day 21 mg/day
Nicorette Gum	20 pieces per day (2 mg = 40 mg/day) (4 mg = 80 mg/day)	9 boxes of 105 pieces Total: 945 pieces	11.25 pieces/day 11-22 mg/day
Nicorette mini lozenge	15 lozenges per day (2 mg = 30 mg/day) (4 mg = 60 mg/day)	9 boxes of 88 lozenges Total: 792 lozenges	9.4 pieces/day 14-28 mg/day
Nicorette inhaler	12 cartridges per day (4 mg = 48 mg/day) *2mg/4 mg is absorbed so actually 24 mg/day*	12 boxes of 42 cartridges Total: 504 cartridges	6 cartridges/day 24 mg/day
Nicorette QuickMist	64 sprays per day (1 mg = 64 mg/day) Usual is 2/hour while awake	18 misters of 150 sprays Total: 2700 sprays	32 sprays/day 16-32 mg/day

Alternative: 37.5 sprays/day would be 21 misters over 12 weeks (7 per 4 weeks)

Notes:

1 cigarette = 1 mg nicotine

Inhaler: Only 2 mg of the 4 mg is buccally absorbed. Max absorbed is 24 mg/day

Gum: I think it's about half as well (44-63% according to

<https://academic.oup.com/ntr/article/15/1/255/1112360>)

Lozenge: about 25% more than the gum, so 75%?

Mist: Looks like 2 mg of the spray has a higher AUC than 4 mg of gum (so fully absorbed?)

<https://www.medicines.org.uk/emc/product/5956/smpc#gref>

**From:** Lo, Clifford HLTH:EX (Clifford.Lo@gov.bc.ca)

**To:** Kuo, I Fan HLTH:EX (IFan.Kuo@gov.bc.ca)

**Subject:** FW: NRT products and proposed strategy

**Sent:** 05/11/2020 15:45:10

**Attachments:** RE: NRT products and proposed strategy.msg, NRT products and proposed strategy.msg

**Message Body:**

Hi I Fan,

Is there a LAN folder for NRT that you might have for OUE? If so, it might be worth saving our emails as documentation of our research/decision?

Thanks

Cliff

**From:** Lo, Clifford HLTH:EX

**Sent:** May 4, 2020 10:21 AM

**To:** Tan, Dominic HLTH:EX <Dominic.Tan@gov.bc.ca>; Ingram, Chris HLTH:EX <Chris.Ingram@gov.bc.ca>; Kuo, I Fan HLTH:EX <IFan.Kuo@gov.bc.ca>

**Cc:** Sharma, Yashna HLTH:EX <Yashna.Sharma@gov.bc.ca>

**Subject:** NRT products and proposed strategy

Hi Dom and Chris,

I Fan and I have had some email discussions about NRT (see attached).

Depending on what we have on our agenda for our active files meeting today, can we add NRT and invite I Fan?

Thanks

Cliff

**From:** Lo, Clifford HLTH:EX (Clifford.Lo@gov.bc.ca)

**To:** Kuo, I Fan HLTH:EX (IFan.Kuo@gov.bc.ca)

**Subject:** NRT products and proposed strategy

**Sent:** 04/25/2020 06:03:32

**Attachments:** image001.png, Cochrane NRT review 2012.pdf, Cochrane NRT NMA 2013.pdf, RCT of NRT 1999.pdf

**Message Body:**

Hi I Fan,

I read Up-To-Date (see below) and they suggest the different NRTs have no difference in efficacy. In the text, they reference an RCT from 1999 (attached), and in table 2 they reference two Cochrane reviews (also attached).

Based on what I've read, I propose the following strategy:

s.13

Let me know what you think?

Thanks,

Cliff

-----

**Efficacy** — Studies show that NRT is effective for smoking cessation. Few trials have directly compared one product with another; however, in randomized trials, individual NRT products were found to be superior to placebo, increasing quit rates up to twofold ([table 2](#)) [[12,53-55](#)]. One randomized trial among the NRT patch, gum, inhaler, and nasal spray found no difference in efficacy [[56](#)]. Efficacy of NRT for patients with severe mental illness is described separately. (See [""Modifiable risk factors for cardiovascular disease in patients with severe mental illness""](#), section on 'Nicotine replacement treatment'.)

The consensus among experts, supported by evidence from most clinical trials, is that single-agent NRT is less effective than combining the long-acting patch with a short-acting form such as gum, lozenge, or inhaler [[1,2](#)]. In a meta-analysis of nine randomized trials, use of a [nicotine](#) patch combined with a short-acting NRT product (gum, spray, or inhaler) was more effective than a single type of NRT (relative risk [RR] 1.34, 95% CI 1.18 to 1.51) [[7](#)]. Combination NRT was also found to be more effective than single-product therapies in other trials [[46,47,57](#)]. However, one randomized trial of 1086 smokers that compared 12 weeks of individual NRT (nicotine patch), combination NRT (nicotine patch plus nicotine lozenge therapy) and

varenicline found no differences in biochemically confirmed rates of smoking abstinence among the three groups [9].

**Clifford Lo, PharmD, MHA, B.Sc. (Pharm), BCPS**

Director | Formulary Management, PharmaCare Benefits Branch

Ministry of Health - Pharmaceutical Services Division

303-960 Quayside Drive, New Westminster BC

t: 778 988-9745 e: [clifford.lo@gov.bc.ca](mailto:clifford.lo@gov.bc.ca)

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# Randomized Comparative Trial of Nicotine Polacrilex, a Transdermal Patch, Nasal Spray, and an Inhaler

*Peter Hajek, PhD; Robert West, PhD; Jonathan Foulds, PhD; Fredrik Nilsson, MSc;  
Sylvia Burrows, BSc; Anna Meadow, BSc*

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**Cochrane  
Library**

Cochrane Database of Systematic Reviews

## **Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation (Review)**

Lindson N, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J

Lindson N, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J.  
Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation.  
*Cochrane Database of Systematic Reviews* 2019, Issue 4. Art. No.: CD013308.  
DOI: 10.1002/14651858.CD013308.

[www.cochranelibrary.com](http://www.cochranelibrary.com)

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# Pharmacological interventions for smoking cessation: an overview and network meta-analysis (Review)

Cahill K, Stevens S, Perera R, Lancaster T



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Pharmacological interventions for smoking cessation: an overview and network meta-analysis (Review)  
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[Overview of Reviews]

# Pharmacological interventions for smoking cessation: an overview and network meta-analysis

Kate Cahill<sup>1</sup>, Sarah Stevens<sup>1</sup>, Rafael Perera<sup>1</sup>, Tim Lancaster<sup>1</sup>

<sup>1</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

Contact address: Kate Cahill, Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford, OX2 6GG, UK. [kate.cahill@phc.ox.ac.uk](mailto:kate.cahill@phc.ox.ac.uk).

**Editorial group:** Cochrane Tobacco Addiction Group.

**Publication status and date:** New, published in Issue 5, 2013.

**Review content assessed as up-to-date:** 16 November 2012.

**Citation:** Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858.CD009329.pub2.

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**From:** Kuo, I Fan HLTH:EX (IFan.Kuo@gov.bc.ca)  
**To:** Lo, Clifford HLTH:EX (Clifford.Lo@gov.bc.ca)  
**Subject:** RE: NRT products and proposed strategy  
**Sent:** 04/28/2020 20:19:28  
**Attachments:** image002.png, Rx Files CHT-Smoking-Cessation\_Nov 2019.pdf  
**Message Body:**

Hi Cliff,

I agree with your interpretation and proposed strategy. A few additional thoughts:

s.13

I did a quick scan of what other jurisdictions are doing, and the finding was quite interesting:  
\*AB ? lifetime cap of \$500 for all NRT products; annual 12 weeks of bupropion and 12 weeks of varenicline (with option to extend another 12 weeks) through public drug plans



- \*SK ? annual 12 weeks of varenicline; coverage of bupropion with no limit on duration
- \*MB ? same as SK
- \*ON ? under OHIP, 12 weeks of bupropion and varenicline; can also access NRT through CAMH STOP program
- \*QC ? allow combination coverage of patch/gum/lozenges for 12 weeks; bupropion: 12 weeks; varenicline: 12 weeks with option to extend
- (Note in QC, private payers are first payer, and they have legislation in place to make 3<sup>rd</sup> party payers to offer coverage that is at least comparable to provincial coverage ? effectively shift cost liability away from public plans)
- \*NB ? annual 12 weeks of bupropion and varenicline. Option to extend beyond 12 weeks for bupropion.
- \*NS ? bupropion covered, no limit on duration
- \*NF ? annual 12 weeks of varenicline or bupropion

s.13

Thoughts? I think we have enough to respond to BMSRS? needs for the purpose of the RFP?

I fan

**From:** Lo, Clifford HLTH:EX <Clifford.Lo@gov.bc.ca>  
**Sent:** April 24, 2020 11:04 PM  
**To:** Kuo, I Fan HLTH:EX <IFan.Kuo@gov.bc.ca>  
**Subject:** NRT products and proposed strategy

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The consensus among experts, supported by evidence from most clinical trials, is that single-agent NRT is less effective than combining the long-acting patch with a short-acting form such

as gum, lozenge, or inhaler [1,2]. In a meta-analysis of nine randomized trials, use of a nicotine patch combined with a short-acting NRT product (gum, spray, or inhaler) was more effective than a single type of NRT (relative risk [RR] 1.34, 95% CI 1.18 to 1.51) [7]. Combination NRT was also found to be more effective than single-product therapies in other trials [46,47,57]. However, one randomized trial of 1086 smokers that compared 12 weeks of individual NRT (nicotine patch), combination NRT (nicotine patch plus nicotine lozenge therapy) and varenicline found no differences in biochemically confirmed rates of smoking abstinence among the three groups [9].

## Clifford Lo, PharmD, MHA, B.Sc. (Pharm), BCPS

Director | Formulary Management, PharmaCare Benefits Branch  
Ministry of Health - Pharmaceutical Services Division  
303-960 Quayside Drive, New Westminster BC  
t: 778 988-9745 e: [clifford.lo@gov.bc.ca](mailto:clifford.lo@gov.bc.ca)

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