

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Tobacco: preventing uptake, promoting quitting and treating dependence (update)

2 List of modelling questions

Review questions by scope area	<p>1. What are the most effective and cost effective means of smoking cessation (including e-cigarettes)?</p> <p>2. Are e-cigarettes effective and cost effective for smoking harm reduction?</p> <p>3. Which interventions are effective and cost effective for preventing a relapse in people who have recently quit smoking?</p>
Population	<p>1. People who smoke and want to stop smoking</p> <p>2. People who smoke and want to reduce their harm from smoking without stopping completely</p> <p>3. People who have quit smoking or who are participating in treatment programmes to assist initial cessation</p>
Interventions and comparators considered for inclusion	<p>1 and 2.</p> <ul style="list-style-type: none"> • Varenicline • Bupropion • NRT • E-cigarettes • No intervention/usual care/placebo <p>3.</p> <ul style="list-style-type: none"> • Behavioural interventions • Varenicline • Bupropion • NRT • E-cigarettes • Incentives
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY
Type of analysis	CUA
Issues to note	This model will be based on an update of the model built for the NICE guideline on stop smoking interventions and services (NG92)

Review questions by scope area	<p>Is opt-out provision of stop smoking support for pregnant women who smoke effective and cost effective in increasing uptake of the support and increasing smoking cessation?</p> <p>Are incentives effective and cost effective for increasing smoking cessation among women who are pregnant?</p> <p>Are nicotine replacement therapies (NRT) or e-cigarettes effective and cost effective at helping pregnant women who smoke to quit?</p>
Population	Women who are pregnant and who smoke (women who have recently quit may also be eligible for opt out provision)
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> • Opt-out provision of stop smoking support (defined as combinations of pharmacological and behavioural support) • Incentives • Nicotine containing products for the purposes of stopping smoking • No intervention/usual care/placebo
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY
Type of analysis	CUA
Issues to note	This model will be based on the Economics of Smoking in Pregnancy (ESIP) model developed by the Division of Primary Care at the University of Nottingham