

September 30, 2020

Stephen Smith  
Deputy Commissioner  
Division of TennCare  
310 Great Circle Rd.  
Nashville, TN 37243

Dr. Victor Wu  
Chief Medical Officer  
Division of TennCare  
310 Great Circle Rd.  
Nashville, TN 37243

Dear Commissioner Smith and Dr. Wu:

**We write with a concern, a hope, and a request:**

- We know we will lose 11,400 Tennesseans due to smoking-related mortality this year alone.<sup>1</sup>
- We believe the COVID-19 pandemic provides a unique chance to lower that number considerably.
- We ask you to add smoking quit aids (nicotine replacement gum and patches) to the CoverRx formulary.

We explain each in further detail below.

**Smoking is the leading cause of preventable deaths and disability.** Smoking is linked to deaths from cardiovascular disease, respiratory conditions and several forms of cancer. Smoking also significantly worsens COVID-19. The risk of disease progression in those who smoke is nearly double that of non-smokers. Smokers also have much more acute or critical conditions and higher risk of death associated with COVID-19.<sup>2</sup> Strong smoking cessation programs, including the availability of quit aids, are, therefore, vital preventive tools in our fight against COVID-19.

**We have a significant shot at substantially reducing smoking in Tennessee right now.** Since the onset of the pandemic, we have had an increase in patient demand for smoking cessation services. While we were initially surprised, it makes sense: Smokers are particularly fearful of a respiratory infection such as COVID-19 and are more motivated to make a quit attempt now.

**Our approach now reflects recent learnings about patient preferences.** The first-line smoking quit aid is the medication Chantix (varenicline), which may have the best outcomes in

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<sup>1</sup> Campaign for Tobacco-Free Kids, "[The Toll of Tobacco in Tennessee](#)," accessed September 21, 2020. These estimates are based on CDC's BRFSS and YBRS survey data.

<sup>2</sup> Patanavanich R, Glatz S, "[Smoking Is Associated with COVID-19 Progress: A Meta-analysis](#)," *Nicotine & Tobacco Research*, Sept 2020, 22(9): 1653-1656, accessed September 23, 2020.

terms of long-term relapse prevention.<sup>3</sup> The manufacturer of Chantix, Pfizer, offers a robust patient assistance program (PAP) that makes Chantix available to patients who lack health coverage. However, many lower-income patients have expressed anxieties as to what they have heard or perceive to be significant psychological side effects of Chantix. Thus, utilization of Chantix remains lower than might be expected among lower-income uninsured patients who have access to the PAP.

**We are making great strides with other good tools.** Many lower-income patients still seek to quit and use other medications or smoking quit aids that have fewer side effects. Smoking quit aids such as nicotine replacement gum and patches are particularly popular. Unfortunately, the retail price for such quit aids can be a barrier that effectively forecloses access.

**We invested now so patients have access to these tools now.** Several community health centers and other health care organizations have used COVID-19 grant funding to purchase smoking quit aids (particularly nicotine replacement gum and patches) to distribute to patients at no cost. However, our resources are limited and will not last beyond the first part of 2021.

**We need public support to keep quit aids available in the medium and longer terms.** We urge you to add key smoking quit aids (nicotine replacement gum and patches) to the CoverRx formulary. We believe you have a strong business case to make this addition:

- **Targeted Approach:** Because CoverRx focuses on uninsured adults age 18-64 who are at or below 138% of the federal poverty level, CoverRx is the ideal program through which to provide smoking quit aids to low-income Tennesseans who seek to quit.
- **Efficient Delivery:** CoverRx has an established network of pharmacies through which it dispenses covered medications and supplies and administers covered vaccinations. Adding the smoking quit aids would leverage this infrastructure to efficiently deliver these quit aids to the target population.
- **Established Precedent:** CoverRx has a strong precedent of covering such supplies: the CoverRx formulary has included diabetic meters, test strips, lancets, alcohol pads, and syringes since the program's launch. In addition, CoverRx covers the antidepressant bupropion, which also has an FDA indication as a smoking quit aid.<sup>4</sup>
- **Funding:** We believe additional funding may become available through an extension of existing federal pandemic funding mechanisms. Also, we anticipate the General Assembly will again consider legislation to create tax parity between tobacco products and vaping supplies, thereby generating new tax revenues. Both of these may provide more than adequate funding to offset the net costs of adding smoking quit aids to the CoverRx formulary for lower-income Tennesseans.

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<sup>3</sup> See, e.g., Barua RS, Rigotti NA, Benowitz NL, Cummings KM, Jazayeri M, Morris PB, Ratchford EV, Sarna L, Stecker EC, Wiggins BS, "2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment," *Journal of American College of Cardiology*, December 5, 2018, accessed September 21, 2020; Rigotti N, "Pharmacotherapy for smoking cessation in adults," *UpToDate*, accessed September 21, 2020.

<sup>4</sup> CoverRx also covers nortriptyline and clonidine, which are clinically effective as smoking quit aids but do not have FDA indications for this use. However, the various guidelines consider these to be second-line therapies. See, e.g., Agency for Healthcare Research and Quality, "Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation," December 2012, accessed September 21, 2020.

**We know you care deeply about these issues and about those we serve together, and we hope you share our excitement about the unique opportunity we have.** Your continued leadership and the addition of these quit aids to the CoverRx formulary may help many hundreds if not thousands more Tennessee residents successfully quit smoking. In a season defined by a respiratory pandemic, your decisions may have lasting effects and help us reduce the toll on Tennessee.

Sincerely,

Tim Adams, President and Chief Executive Officer and Ministry Market Executive  
Ascension Saint Thomas/Ascension Tennessee

Ruth E. Allen, Executive Director  
Tennessee Chapter of the American Academy of Pediatrics (TNAAP)

Brandon Brown, Executive Director  
Empower Tennessee

Mary Nell Bryan, President  
Children's Hospital Alliance of Tennessee (CHAT)

Will Connelly, Chief Executive Officer  
Park Center

Tamara Currin, Director of Maternal Child Health & Government Affairs  
March of Dimes - Tennessee

Jenny Dittes, Chief Executive Officer  
HOPE Family Health

Cathy Dyer, Executive Director  
Tennessee Academy of Family Physicians (TNAFP)

Jeff Fladen, Executive Director  
NAMI Tennessee

Jennifer Flanagan, Chief Executive Officer  
Salvus Center

Anthony Fox, Chief Executive Officer  
Tennessee Mental Health Consumers' Association (THMCA)

Karen L. Franklin  
National Association of Social Workers – Tennessee Chapter

Dennis Freeman, Chief Executive Officer  
Cherokee Health

Brian Haile, Chief Executive Officer  
Neighborhood Health

Kim Harrell, Executive Director  
Tennessee Public Health Association

Rachel Hester, Executive Director  
Room in the Inn

Dr. James Hildreth, President  
Meharry Medical College

Suzanne Tilley Hurley and Caroline Portis-Jenkins, Co-Chief Executive Officer  
Connectus Health

Sharon Hurt, Executive Director  
Street Works

Kristen Keely-Dinger, President & Chief Executive Officer  
The Healing Trust

Mary Kiger, Executive Director  
Tennessee Charitable Care Network (TCCN)

Rebecca Leslie, President  
Safety Net Consortium of Middle Tennessee

Mary Linden Salter, Executive Director  
Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS)

Y. T. "Janie" McGinley, Chief Executive Officer  
Lifespan Health

Rev. Ingrid McIntyre, Co-Founder  
Open Table Nashville

Michael McSurdy, President & Chief Executive Officer  
Family and Children's Service (FCS)

Russ Miller, Chief Executive Officer  
Tennessee Medical Association (TMA)

Kathleen Murphy, Director of Government Affairs  
Tennessee Nurses Association (TNA)

Amna Osman, Chief Executive Officer  
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Dr. C. Wright Pinson, Deputy Chief Executive Officer and Chief Health System Officer  
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Avi Poster, Chair  
A VOICE for the Reduction of Poverty

Terri Sabella, Chief Executive Officer  
Tennessee Primary Care Association (TPCA)

Thomas Savage, President  
NAACP Branch 56AA-B

Pamela Sessions, Chief Executive Officer  
Renewal House

Lisa Sherman Nikolaus, Executive Director  
Tennessee Immigration & Refugee Rights Coalition (TIRRC)

Tom Starling, Chief Executive Officer & President  
Mental Health America of the MidSouth

Shannon Stephenson, Chief Executive Officer  
Cempa Community Care

Clare Sullivan, Executive Director  
Tennessee Health Care Campaign (THCC)

Dr. Rhonda Switzer-Nadasdi, Chief Executive Officer  
Interfaith Dental

Lisa Terry, Chief Executive Officer  
Primary Care & Hope Clinic

Irwin Venick and Avi Poster, Co-Chairs  
The Nashville Jewish Social Justice Roundtable

Jacy Warrell, Executive Director  
Rural Health Association of Tennessee

G. Robert Watts, Chief Executive Officer  
National Health Care for the Homeless Council

Carol Westlake, Executive Director  
Tennessee Disability Coalition

Dr. Morgan Wills, President & Chief Executive Officer  
Siloam Health

Pamela Womack, Chief Executive Officer  
Mental Health Cooperative

Caroline Young, Executive Director  
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