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Department of Public Welfare
ATTN: Acting Secretary Gary Alexander
P.O. Box 2675
Harrisburg, PA 17105

October 27, 2011

Dear Acting Secretary Alexander:

As President of the Association for the Treatment of Tobacco Use and Dependence (ATTUD), an organization of Tobacco Treatment Specialists dedicated to the promotion of and increased access to evidence-based treatment,, we see the devastating effects of smoking-related diseases each and every day and the difficulties that smokers suffer in trying to stop using tobacco. Fortunately, in the present time, there are effective treatments available to increase successful cessation and prevent this suffering.

The Pennsylvania Department of Public Welfare's (DPW) Fee-For-Service (FFS) Medicaid Pharmacy & Therapeutics (P&T) Committee is currently deciding on a review of the Smoking Cessation class of medicines during the P&T Meeting scheduled for November 9, 2011. This raises significant concerns that Pennsylvania could potentially move to restrict access to important and beneficial Smoking Cessation medicines for Medicaid FFS recipients, a group who suffers a disproportionate amount of tobacco-caused disease and death.

Smoking-related diseases cost Pennsylvania's health care industry an additional \$5.2 billion annually. The average smoker accounts for an added \$1,623 each year in extra medical expenses and \$1,760 in annual productivity losses for employers. In fact, the Campaign for Tobacco-Free Kids reports that smoking-caused productivity losses cost Pennsylvania employers in excess of \$4.63 billion each year.

Medications used to treat smoking cessation have different mechanisms of action, different side effects, and have different utility within different patient sub-populations. Physicians recommend a therapy based on the expected clinical benefit of the particular patient's clinical profile. Barriers to access can potentially restrict the ability of a provider to make the most appropriate medical decision for the care of the patient. As we have seen in other states, such as Massachusetts, access to these medications leads to more people quitting and less illness and healthcare costs. Smoking cessation is highly cost effective, saving life years at much less cost than most other routinely covered health services, such as blood pressure control and mammography.

According to the Centers for Disease Control and Prevention, Tobacco Use Screening and Brief Intervention is ranked as one of the highest priority clinical preventive services based on health impact and cost effectiveness. Studies show the tobacco addiction usually requires multiple attempts before a user successfully quits. There are numerous effective cessation aids available



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to help smokers quit. In fact, individuals should have access to all of the seven FDA approved cessation medications including Bupropion SR, Nicotine gum, Nicotine inhaler, Nicotine lozenge, Nicotine nasal spray, Nicotine patch, and Varenicline.

ATTUD urges that the Pharmacy and Therapeutics Committee give a favorable review for Medicaid fee-for-service coverage of benefits consistent with CDC recommendations, including FDA approved pharmacotherapy products, such as nicotine replacement medications, Bupropion (Zyban®) and Varenicline (Chantix®).

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Hughes".

John R. Hughes, MD

President

Association for the Treatment of Tobacco Use and Dependence

cc: Matt Bars, Audrey Darville, Mikael Franzon