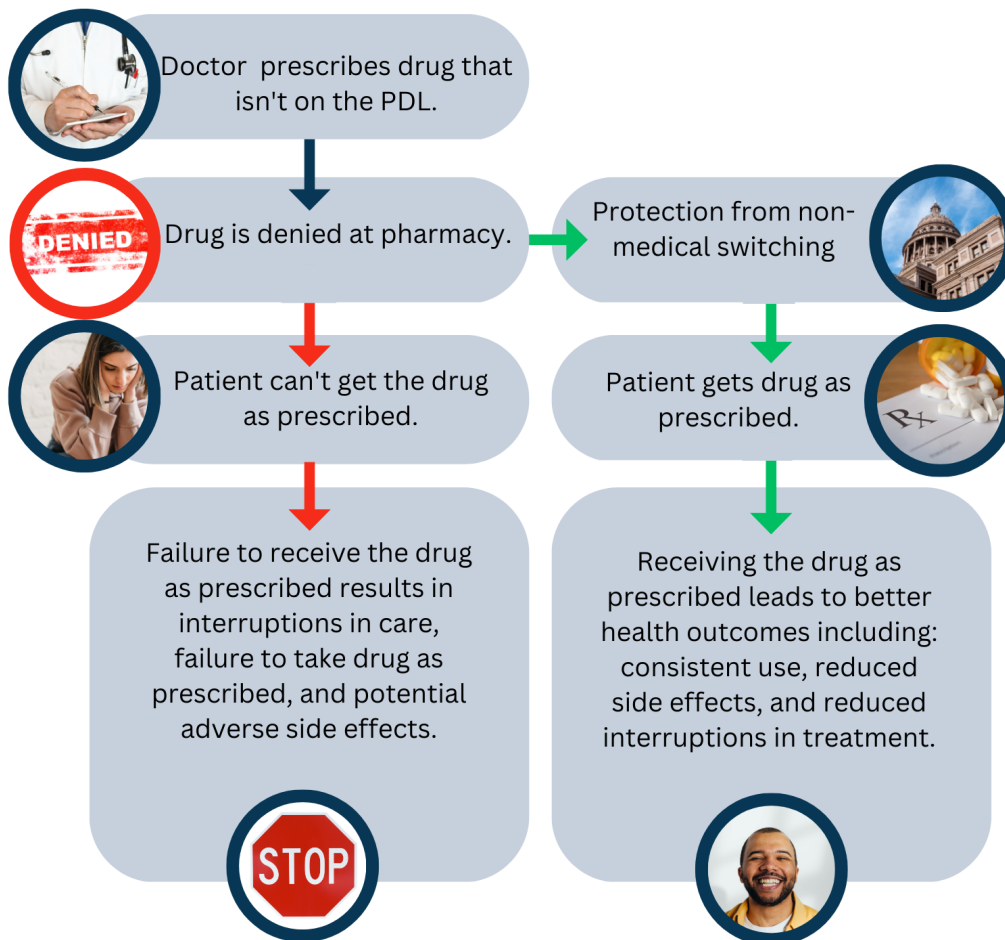


TAHP Supports Preferred Drug Exceptions in Medicaid

The Problem: In 2017, Texas protected patients from formulary-related, non-medical switching in private health insurance but not in Medicaid. As a result, patients in Medicaid are often forced off medications that work for them, causing delays and denials of care. Currently, about 30% of all drug denials are the result of drugs not being on the PDL. These protections were widely supported by physicians, and patients hailed them as some of the strongest in the country.

TAHP supports HB 3286, adding similar protections to the Medicaid program to prevent our most vulnerable Texans from being forced into non-medical switching that could lead to poor health care outcomes, delayed care, or care denials.



Patients Should Not Be Forced Off or Denied a Drug when:

- Patients who are already stable on a drug
- Doctors advise against the new drug due to potential negative reactions, ineffectiveness, or potential harm
- The new drug previously failed the patient
- Doctors believe a new drug may worsen a different condition
- Drugs are subject to shortages or not available at a nearby pharmacy
- Patients are stable on medication prescribed after hospital discharge

Other Proactive Solutions

Reduce provider burden: Require HHSC to maintain a searchable database of drugs on the PDL. Having a centralized database that lists drugs currently included on the PDL would make it easier for physicians to search for and prescribe medications to patients that will not result in delays.

The PDL Doesn't Keep up with Medicine: The state moves slowly to make important changes backed by science. Those "clinical edits," only happen quarterly, no exceptions. When drugs have new uses or manufacturers change their recommended guidelines, the state adopts those changes slowly. Under the process, new drugs are also delayed.

- **The state should allow for off-cycle reviews,** particularly when there may be a substantial safety concern or issue with current guidance.
- **The state should require the Vendor Drug Board to proactively review new medicines** and develop clinical edits when new drugs are added to the PDL.

Increase MCO Drug Board Participation: Medicaid MCOs are the only ones at risk for total cost of care and quality of care. MCOs need voting members on the drug board so that rebate decisions do not negatively impact patient care.

Monitor the Implementation of these Patient Protections: If the Legislature chooses to allow the state to continue to manage the PDL, the legislation should include a sunset provision for 5 years to ensure Texans on Medicaid are receiving access to the medications they are prescribed and evaluate the effectiveness of these changes.