

Who Decides?

How Pharmacy and Therapeutics Committees Impact Patient Access

Pharmacy and therapeutics committees decide which medications will be used or covered by hospital systems, state Medicaid programs, insurers and federal agencies.

These committees consist of clinicians, pharmacists and nurses but also administrators, quality-improvement managers and other health care professionals. Their decisions have a direct impact on patients' treatment options and access to medication.



Preferred Drug Lists & Coverage Decisions

For state Medicaid programs, pharmacy and therapeutics committees are responsible for establishing and maintaining preferred drug lists and making coverage decisions. Decisions on preferred drug lists and coverage should reflect medications' safety, efficacy and patient value.

Patient needs and clinical decision-making should be considered before cost considerations. Likewise, rebates from pharmaceutical companies should not dictate decisions about which drugs are covered.



Implementing Policy for Medication Use

Pharmacy and therapeutics committees are also responsible for implementing policies for medication use. This includes policies on who may prescribe and administer medications, appropriate use of high-risk and high-cost medications, and allocating drugs in times of shortage.

Committees monitor adverse drug events, medication errors and overall medication safety. Because they have decision-making power in what is prescribed, they should also maintain responsibility to patients if something goes wrong.



Prioritizing Patient & Clinician Input

Because committees control access to medications for their beneficiaries, it is important that incorporating patient and clinician input be a priority.

Many committees do offer public comment periods either prior to or during their meetings. Clinicians, patients and patient advocates should use these opportunities to share opinions and experiences with the treatments being discussed.

Committee members should carefully consider this input and prioritize what's valuable to patients and providers – rather than simply looking at the largest rebate or the lowest cost option to a health plan. Patient access and the clinician-patient relationship must remain the top priority.

