

# Why Clinicians Should Care About PDABs

Q&A WITH HARRY L GEWANTER, MD, FAAP, MACR



## Q. What are PDABs?

Prescription drug affordability boards, or PDABs, are entities created by state legislation that determine which medications' list prices in that state are "affordable" or "unaffordable." The unanswered questions are "affordable for whom" and "how does one define 'affordable'?"

Each state creates its own definitions using different data, criteria and metrics. Some states consider costs to the state budget before or ahead of patient affordability. Ultimately, this will affect patient costs and access.

## Q. Why should clinicians have a say on medication value?

Clinicians, not PDABs or manufacturers, prescribe medications. We are the ones sitting with patients, evaluating, discussing and deciding which therapy would be best for them. PDAB "affordability" decisions are based on economics, not patient needs or outcomes.

By discounting patient experiences and clinical metrics when determining a medication's "affordability," their decisions interfere with the clinician-patient relationship and shared decision-making.

**PDAB decisions interfere** with the clinician-patient relationship and shared decision-making.



## Q. How do PDABs affect your ability to provide care?

As a clinician, I prioritize the most effective therapy for my patients, and that is impaired by the PDAB's affordability decisions. PDABs consider "therapeutic alternatives" in their decisions, but this is not the same as "therapeutic equivalents." Being in the same drug family or class does not make it interchangeable.

Pharmacy benefit managers and insurers already interfere with our medical practice by deciding which medications are covered or excluded. The PDAB determinations add yet another barrier to our ability to care for our patients.

**Policymakers need to take a comprehensive approach to reducing their constituents' drug costs.**

## Q. How can decisionmakers help?

While decisionmakers are told PDABs will make drugs more affordable for their constituents, they need to look behind the headlines. Policymakers need to take a comprehensive approach to reducing their constituents' drug costs, not just the state's drug list prices. This requires considering how pharmacy benefit managers and other parts of the drug supply & pricing system impact medication prices, costs and access. All entities influencing drug availability, price or cost deserve policymakers' attention.



### ABOUT THE AUTHOR

Harry L Gewanter, MD, FAAP, MACR, is a pediatric rheumatologist in Virginia and current president of the Virginia Society of Rheumatology.



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