



January 6, 2022

Director Patrick Allen
Oregon Health Authority
Health Policy and Analytics Medicaid Waiver Renewal Team Attn: Michelle Hatfield
500 Summer St. NE, 5th Floor, E65
Salem, OR 97301

Re: Comments on Oregon's Application for Renewal and Amendment of Oregon Health Plan, Section 1115 Demonstration Waiver

Dear Director Allen:

The Oregon Academy of Ophthalmology (OAO) is a professional association of eye physicians and surgeons who specialize in the medical and surgical treatment of eye diseases and other conditions, and also provide vision care services. The Academy's purpose is to promote and improve the practice of medicine and surgery in relation to the eye. Our members are glad to practice in a state that is so innovative with regard to Medicaid delivery. There are many positive aspects of the 1115 Waiver application that if approved, we believe will increase access to equitable care—a goal we all support.

That said, our members have expressed concerns with portions of the application that seek to create a closed formulary. In general, OAO is always concerned about limiting a patient's access to the drugs or treatments that their physician recommends. OAO physicians report that similar systems used on the commercial side are a significant driver of administrative cost and burden, as well as patient frustration and abandonment or noncompliance of care.

OAO members are particularly concerned that if a closed formulary is adopted, Oregon Health Plan patients will have no avenue to access potentially vision-saving drugs if they are not included in the formulary.

These kinds of restrictions could negatively impact any patient, but it is of particular concern to our physicians who treat patients with injectable medications in the office for diseases like diabetic retinopathy, a leading driver of vision loss. There are limited treatment options for these patients and no single medication works well in all patients. Furthermore, the loss of visual function due to under-treatment is staggering on a personal and societal level. Moreover, with new biosimilar medications expected to hit the market soon, a closed formulary could put these vision-saving medications out of reach for patients.

417 2nd Street, Ste 101
Lake Oswego, Oregon 97034
503-222-EYES (3937)
staff@oregoneyephysicians.org
www.oregoneyephysicians.org

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A closed formulary is also a concern for physicians treating patients with glaucoma—an irreversible disease that requires individualized treatments. Vision lost from glaucoma is permanent, and commonly treated using ocular hypotensive eye drops. While many patients respond to generic medications, many patients require special eye drop medications that avoid preservatives (preservative-free eye drops) or brand-name medications that avoid side effects or increase effectiveness. If these are not allowed, patients will suffer gaps in treatment or ineffective treatment, which will lead to permanent vision loss. Physicians need flexibility to act swiftly to ensure that patients are prescribed the most effective drug(s) for their case. While step therapy may provide benefits to the large majority of patients, patients commonly require non-formulary medications and the application should avoid onerous requirements for non-formulary medications that may accompany a closed formulary, which can lead to unnecessary vision loss and/or abandonment of treatment.

A “one-size-fits-all” approach like a closed formulary is not the best option for highly individualized diseases like glaucoma, or diabetic retinopathy. Loss of vision can be incredibly debilitating for a patient, potentially impacting their quality of life, ability to care for themselves, hold a job, or otherwise function. OAO encourages OHA to keep an open formulary, at least for vision-related drugs, to ensure that all Oregonians have access to vision-saving medications recommended by their physicians.

Thank you for your consideration and for your leadership in this space,

Julie Falardeau, MD
President
Oregon Academy of Ophthalmology

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