Pharmaceutical Transparency and Guideline Concordance in State Prisons: A Comparison of Formularies

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Background

- Incarcerated people experience a high burden of chronic, infectious, and behavioral health conditions.[1]
- State Departments of Corrections (DOCs) have a constitutional obligation to provide access to medical care.[2] Yet, evidence suggests underutilization of prescription medications in proportion to the burden of disease.[1]
- Little is known about how DOCs curate their formularies, how publicly available they are, and how they align with Medicaid formularies, which most people would be covered under after release.[3-7]

Objectives

- Assess the public availability of formularies across all 50 state DOCs.
- Compare the routine formulary availability of guideline-concordant medications between DOC formularies and Medicaid Preferred Drug Lists (PDLs).

Methods

Transparency

- Used USA.gov official website to navigate to official DOC and Medicaid websites for all 50 states.
- Searched terms: Formulary, Preferred Drug List, Pharmacy, Pharmaceutical, Drug List, Drug. If no search function was available or no result, manual search was conducted.

Medication Analysis

- Disease classes were selected based on their high prevalence in carceral settings.[1,8]
- Guideline-concordant medications were extracted from professional society recommendations and were reviewed by a licensed physician.[9-16]

Results

DOC Formulary Transparency Map

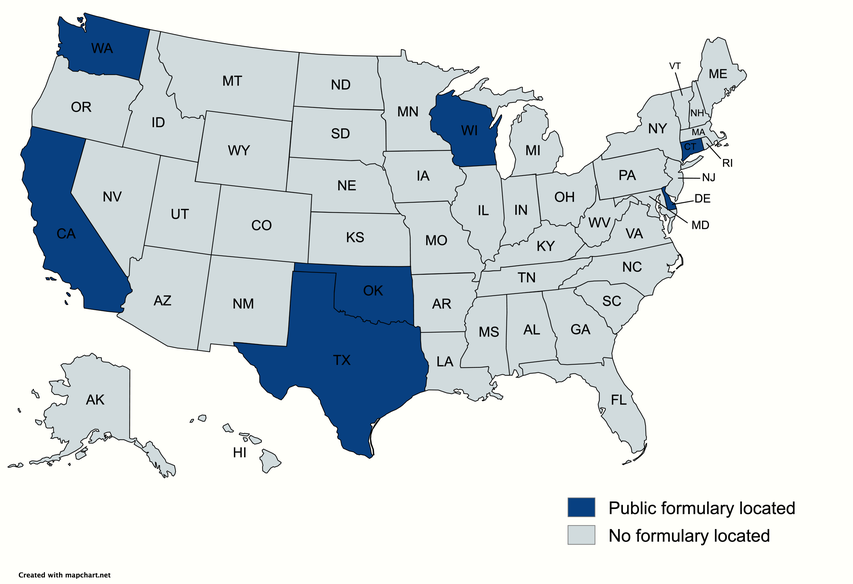


Figure 1: 7 out of 50 **(14%)** state DOCs have a publicly accessible formulary.

Mean Routine Formulary Availability By Disease Class

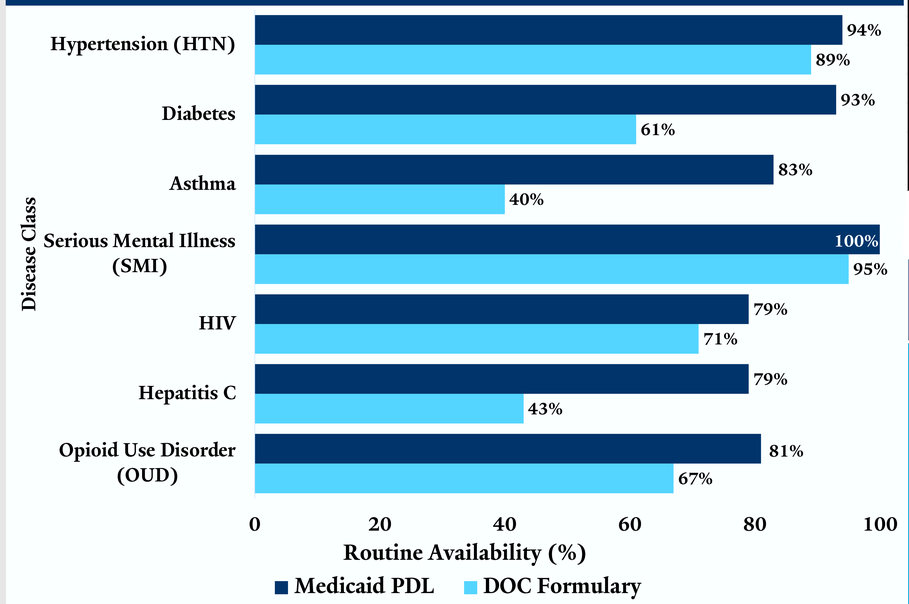


Figure 2: Medicaid PDLs demonstrated greater routine formulary availability of the selected guideline-concordant medication categories than corresponding DOC formularies in every assessed disease class.

State-Level Agreement and Divergence in Routine Formulary Availability

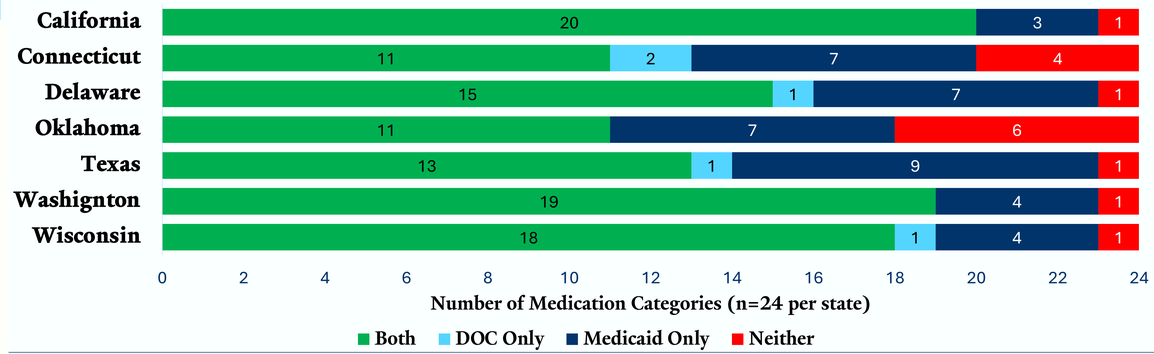


Figure 3: The number of medication categories routinely available in both systems ranged from 11 of 24 in Oklahoma and Connecticut (**46%**) to 20 of 24 in California (**83%**). Across all 168 paired comparisons, Medicaid-only availability was more common than DOC-only availability: 41 (**24%**) versus 5 (**3%**).

Disease-Specific Routine Formulary Availability by State

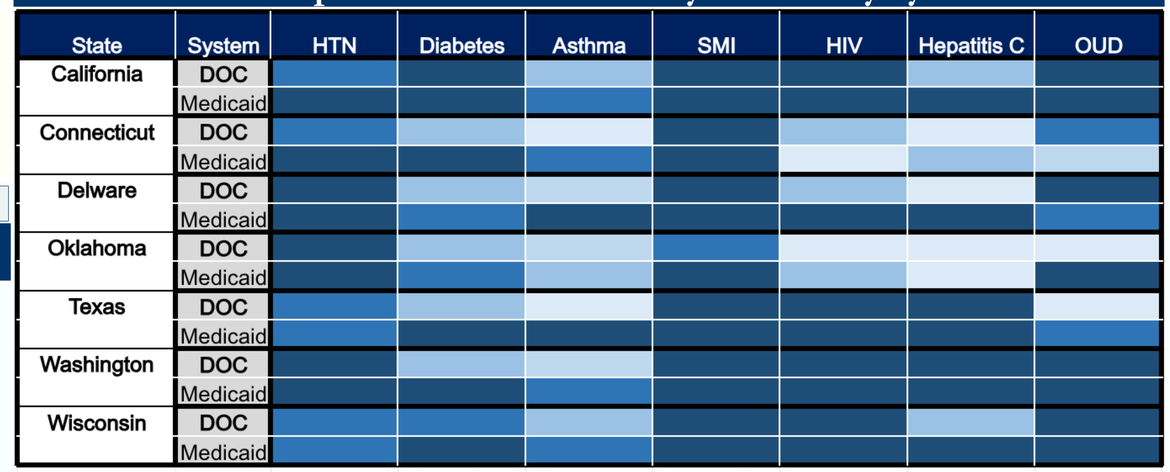


Figure 4: The largest DOC–Medicaid differences in routine availability occurred for asthma, hepatitis C, and diabetes, generally favoring Medicaid. Routine availability was most similar for hypertension and SMI.

Limitations

-Bound by public accessibility.

-Non listed medication does not mean the medication is completely unavailable.

-Listed medications may be practically inaccessible due to copays, sick call, etc.

Conclusions

-Public access to state DOC formularies was limited across the United States. More transparency is needed to assess formulary agreement nationwide.

-Medicaid PDLs generally offered greater routine availability of the selected medications than DOC formularies for the seven states in this study.

-Differences in routine formulary availability may delay treatment, increase administrative burden, and complicate continuity of care.

-Further research should examine actual prescribing and dispensing, formulary decision-making, medication costs, and continuity of treatment after release.

References

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