

PREFERRED DRUG LIST:

WHY OPEN ACCESS TO ALL AVAILABLE MEDICATIONS?

Critical first step
of effective
treatment ^{1,4}



Mental health medications
ARE NOT interchangeable ¹

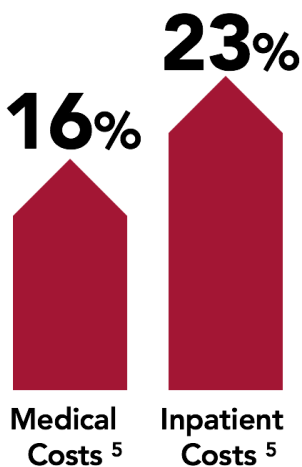


Formulary restrictions result in
higher likelihood of adverse event ^{3,4}

(ED visits, hospitalization, suicidal or violent ideation or behavior,
physically injuring someone, homelessness, or incarceration)

UNINTENDED EFFECTS OF ACCESS RESTRICTIONS

Prior authorizations & "fail first" requirements lead to dangerous delays in patients receiving appropriate medications, pharmacotherapy and treatment interruptions ^{2,6}



Hospitalizations ⁵



Incarceration Rate ³



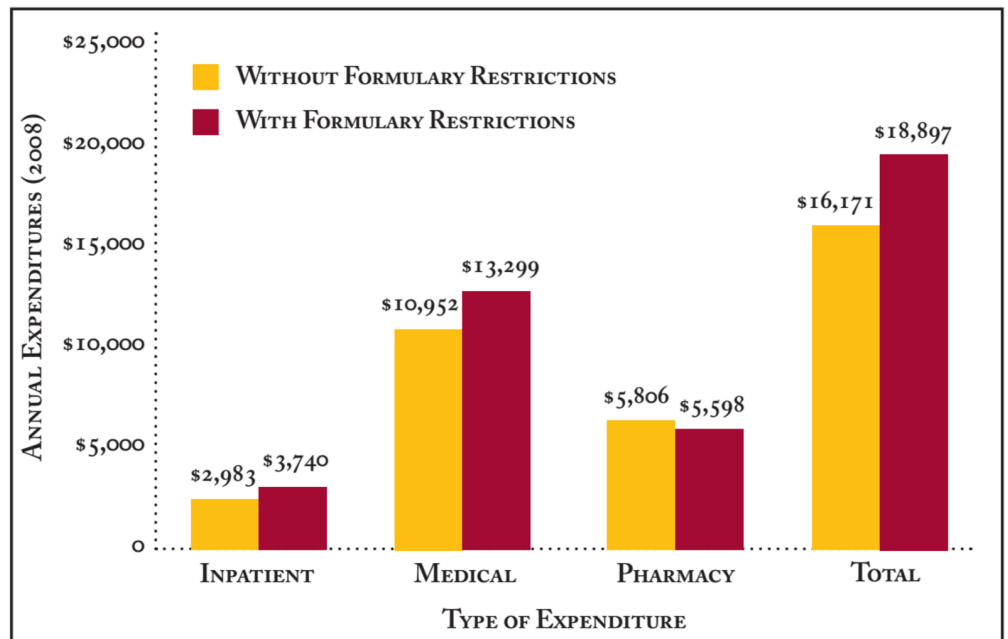
Duration of Incarceration ³



RESTRICTIONS INCREASE LONG-TERM COSTS

Predicted Expenditures With and Without Formulary Restrictions for Atypical Antipsychotics: Patients with Schizophrenia

An evaluation of 24 states that implemented Medicaid formulary restrictions, such as, prior authorizations, which require clinicians to obtain permission from Medicaid to prescribe a specified drug or risk losing a Medicaid reimbursement; step therapy, which only permits a non-preferred medication to be prescribed after the patient fails to respond on formulary selected medications, found that formulary restrictions save little, if any, money on drug spending.^{5, 6}



Source: Seabury, Seth A., et al., "Formulary Restrictions on Atypical Antipsychotics: Impact on Costs for Patients with Schizophrenia and Bipolar Disorder in Medicaid," American Journal of Managed Care, Vol. 20, No. 2 (February 2014).

Paying for medications upfront is less expensive than paying for the delayed access to non-preferred drugs and associated ancillary costs.

References:

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- 2 West, J. C., Wilk, J. E., Rae, D. S., Muszynski, I. S., Stipeck, M. R., Alter, C. L., Sanders, K. E., Crystal, S., Regier, D. A. (2009). Medicaid prescription drug policies and medication access and continuity: Findings from ten states. Psychiatric Services, 60(5), 601-10.
- 3 Goldman, D., Fastenau J., Dirani, R., Helland, E., Joyce, G., Conrad, R., Lakdawalla, D. N. (2014). Medicaid prior authorization policies and imprisonment among patients with schizophrenia. American Journal of Managed Care, 20(7), 577-86.
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- 5 Seabury, S. A., Goldman, D. P., Kalsekar, I., Sheehan, J. J., Laubmeier, K., Lakdawalla, D. N. (2014). Formulary restrictions on atypical antipsychotics: Impact on costs for patients with schizophrenia and bipolar disorder in medicaid. American Journal of Managed Care, 20(2), 52-60.
- 6 Seabury, S. A., Lakdawalla, D. N., Walter, D., Hayes, J., Gustafson, T., Shrestha, A., Goldman, D. P. (2014). Patient outcomes and cost effects of medicaid formulary restrictions on antidepressants. Forum for Health Economics and Policy, 17(2), 153-168.