



The Nation's Voice on Mental Illness

## Restricting Access to Psychiatric Medications: *The Impact on Health and Hope*

### The Unique Role of Psychiatric Medications

Psychiatric medications play an important role in recovery for many individuals who live with mental illness. Finding the most helpful and well-tolerated medications and doses, however, can take multiple trials because effectiveness and side effects vary significantly for every person. While psychiatric medications in a class may have similar effectiveness overall, they have specific mechanisms of action that affect each person differently.<sup>i</sup>

- According to the National Institute of Mental Health, **individuals have unique responses to psychiatric medications and need more, not fewer, choices.**<sup>ii</sup>
- Noting the vulnerability of individuals with mental illness who are on Medicaid, the Kaiser Commission on Medicaid and the Uninsured **recommends exemptions from restrictions for all psychotherapeutic and anticonvulsive medications.**<sup>iii</sup>
- The Centers for Medicare and Medicaid Services (CMS), recognizing the potential for adverse outcomes, **requires Medicare Part D plans to cover all or substantially all drugs in three classes of psychiatric medications: atypical antipsychotics, anti-convulsants, and antidepressants.**

### The Impact of Restricted Access on Health and Hope

State Medicaid agencies often seek to limit medication costs through Preferred Drug Lists (PDLs) and prior authorization programs, among other methods. Unfortunately, restricting access to psychiatric medications may have serious unintended consequences to both individual health and overall healthcare costs.

In fact, despite federal policies specifically intended to ensure access to psychiatric medications and prevent adverse events, a study by the American Psychiatric Association indicates that among dual eligible Medicare Part D patients with mental illness, over half had problems accessing needed medications.<sup>iv</sup>

More than a fifth had medications terminated or interrupted and about one in five were switched to a different medication because the medication on which they were stable was no longer covered or approved. The consequences were disturbing:

- **More than one in five patients (21.7%) reported an increase in suicidal thoughts or behaviors.**
- **Nearly one in five (19.8%) required an emergency room visit and more than one in ten (11%) required hospitalization.**

In addition, the study showed that clinicians and staff spent almost **twice as much time on drug plan administrative issues than on direct patient care due to features like preferred drug formulary lists or prior authorization requirements.**

*Continuity of care and access to an array of effective and well-tolerated medications are vital to the recovery of many who live with serious mental illness.*

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- <sup>i</sup> American Psychiatric Association, Office of Healthcare Systems and Financing, *Maximizing Pharmacotherapy In the Treatment of Major Depression: The Case for Maintaining Open Access to Medically Indicated Medications*, March 2004
- <sup>ii</sup> National Institutes of Health, National Institute of Mental Health, *NIMH Perspective on Antipsychotic Reimbursement: Using Results From The CATIE Cost Effectiveness Study*, December 2006.
- <sup>iii</sup> Kaiser Commission on Medicaid and the Uninsured, “Model Prescription Drug Prior Authorization Process for State Medicaid Programs,” April 2003.
- <sup>iv</sup> West, Joyce C., Ph.D., M.P.P., et al, “Medication Access and Continuity: The Experiences of Dual-Eligible Psychiatric Patients During the First 4 Months of the Medicare Prescription Drug Benefit,” *Am J Psychiatry*; 164:789-796, May 2007.