NAMI FLORIDA

Why Open and Unrestricted Access to Mental Health Medications is Critical

- Mental illnesses are biologically based diseases that can be treated effectively, but only if the full range of medicines and treatment options are available.
- There is no one-size-fits-all approach to mental health treatment. Finding the right medicine or combination of medicines is highly individualized and painstaking.
- Patient response to a particular medication is influenced by factors such as gender, age, ethnicity and severity of illness. That's why a medication that works for one patient may not work for another with the same diagnosis.
- Unlike other drugs, mental health medicines often take weeks or months to build up and stabilize a patient.
- Because cheaper, old-line drugs carry many serious side effects, patients often refuse to continue taking them. That means many patients end up hospitalized, homeless, or incarcerated – costing the state many times the average cost of a one-year supply of newer, more effective medications.
- New generation medicines make a dramatic difference in the way patients feel. As a result, patients are more likely to stay on their medicines.
- Atypical antipsychotics are not therapeutically interchangeable. They vary in molecular structure, dosing strengths and formulations, side effects, efficacy and safety.
- Early intervention and effective treatment with newer atypical antipsychotics allow people with mental illness to hold jobs, maintain healthy relationships and live successfully in our communities.
- The benefits of new generation mental health medications include: fewer side effects, enhanced patient compliance, significant reductions in doctor visits, hospital stays and crisis interventions.

Why Restrictions Don't Work

Restricting access to medications <u>increases cost</u>

- Saving money in the pharmaceutical budget through shortsighted restrictions does not necessarily translate to reduced spending generally, as each change in treatment may require additional doctors visits, medical testing and monitoring.
- Policies that require patients to switch medications or fail on older or cheaper medications lead to high cost crisis interventions and hospitalizations that waste limited tax dollars.
- One study shows that **after a cap** was put on the number of prescriptions available to schizophrenic patients, **emergency services** to those patients outweighed drug savings by costs that were ***17 times higher than the average drug costs***. (Soumerai et. al., "Effects of Limiting

Medicaid Drug-Reimbursement Benefits", cited in Medicaid Drug Costs, Health Affairs, Vol. 23, #1, page 136)

- Another study that looked at the impact of restrictive formularies in 47 Medicaid programs over four years concluded that while restrictive formularies decreased drug spending by 13 percent, ***physician spending increased by 29 percent*** and ***mental hospital spending went up almost 40 percent***.
- Switching patients to new medications when they are already doing well on other medications is poor medical practice; it also increase the incidence of relapse and the time to treat the patient, driving up costs for crisis interventions and hospitalizations.
- Forcing people with mental illnesses to switch to cheaper medications cost the state of California $6,000 to $8,000 per patient due to increased hospitalizations.
- Establishing a restriction-based system requires another layer of bureaucracy to administer the program. That means dollars that could be used for treatment are eaten up by administrative overhead.
- Policies that require patients to switch medications or fail on cheaper medications lead to high cost crisis interventions and hospitalizations that waste limited tax dollars. A **year's worth** of medication averages **$3800** vs. an average of **$950** a day for hospitalization.

Restricting access to medications <u>obstructs proper care</u>

- A 1999 report released by the Kentucky Legislative Research Commission noted that the side effects and personal, medical and social costs of requiring a person with schizophrenia to "fail first" on older or lower cost medications is substantial. Their conclusion: "Medication delayed is tantamount to medication denied."
- The American Psychiatric Association, which represents more than 38,000 psychiatric physicians nationwide, opposes restriction policies because they are contrary to the best interest of patients.
- Policies such as prior authorization and "fail first" discourage and slow down clinicians from prescribing medications that might otherwise improve outcomes and reduce side effects for people with mental illnesses.
- Time lost in treating a person with a serious mental illness can lead to devastating results: suicide, harm to self or others, increased emergency room visits, abuse of physician time, homelessness and incarceration.

Restricting access to medications <u>endangers personal health and productivity</u>

- Limiting the number of medications to treat mental illness based on cost dooms many people with serious, chronic mental illness to failure.
- Forcing a patient to switch to a different medication or to "fail first" without medical cause is a tremendous step backwards. It causes patients to needlessly suffer delusions and tolerate horrible side effects, and it delays effective treatment and recovery.

- Studies indicate that the earlier a person with serious mental illness gets the right medication and treatment, the better the chance of recovery.
- Policies that restrict or delay access to newer mental health medications lead to more hospitalization and loss of personal and job productivity.

Any effort to save money by restricting mental health drugs will *COST FAR MORE THAN IT SAVES*!