NAMI Utah
National Alliance on Mental Illness

# Psychotropic Medications: *Preserving Legislative Intent*

## The Impact of Mental Illness

Serious mental illness can result in disabling mood and/or cognitive symptoms that may affect a person in significant ways. Fortunately, advances in psychotropic medications are helping more people with mental illness experience recovery.

Unlike many other illnesses, missed doses, discontinuation, or changes in doses or specific medication can result in devastating relapses. Too often, medication disruptions result in emergency department visits, hospitalization, homelessness, incarceration, or even suicide. The consequences of *untreated* mental illness are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives. The economic indirect cost of mental illness is well over $79 billion per year in the United States.

## The Role of Psychotropic Medications

Several different classes of medications are used to treat a wide range of mental illnesses. Collectively, all of the classes of medications used to treat mental illness are referred to by several terms that may be used interchangeably: psychotropic, psychiatric, psychotherapeutic, central nervous system medications, and more.

## Types of Psychotropic Medications

| ***Common Conditions*** | ***Commonly Prescribed Medications*** |
|---|---|
| Schizophrenia | Antipsychotics |
| Bipolar Disorder | Mood stabilizers and anticonvulsants |
| Major Depression | Antidepressants |
| Anxiety disorders | Anti-anxiety medications |

*(Note: Some individuals receive more than one class of medication to treat their illness)*

Psychotropic medications—even those within the same "class"—have unique "binding profiles" that result in different effects. Individuals have unique responses to these medications and a medication that works for one may not work for another. According to the National Institute of Mental Health, individuals need more, not fewer, choices.[i]

## The Impact of Restricted Access

**Restricting access to psychotropic medications may have serious unintended consequences** to both individual health and overall healthcare costs. In a study of dual eligible Medicare Part D recipients with mental illness, the American Psychiatric Association found that when medications were no longer covered or approved:[ii]

- **More than one in five patients (21.7%) reported an increase in suicidal thoughts or behaviors.**

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- **Nearly one in five (19.8%) required an emergency room visit and more than one in ten (11%) required hospitalization.**

- 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 and prior authorization requirements.

**Restricting access to psychotropic medications such as anti-depressants will impact employee productivity.** Studies show that workers with depression **cost employers an estimated $44 billion per year** in lost productive work time.[iii]

## Legislative Action Needed to Ensure Access to Treatment for People with Mental Illnesses in Utah

Utah's legislature recognizes the vital role of medications used to treat mental illness and the cost implications of imposing barriers to treatment. In 2007, the legislature adopted language with the intent of exempting the full range of psychotropic medications from the Medicaid preferred drug list.

The statutory language for the Medicaid drug program reads (bold and italics added): "may include placing some drugs, ***except psychotropic or anti-psychotic drugs,*** on a preferred drug list to the extent determined appropriate by the department."

It would be a narrow interpretation of the statute to allow placement of all medications to treat mental illness on the preferred drug list, with the lone exception of antipsychotics—*even though this is not consistent with legislative intent to ensure full access to all medications used to treat mental illness and will cause great hardship to individuals with other mental illnesses such as depression and bipolar disorder.* The DUR Board is also placing prior authorization requirements on some antipsychotics—*creating yet more barriers to accessing mental health medications despite legislative intent.*

## Preserving Access in 2008

NAMI Utah asks the legislature to clarify its intent to preserve access to *all* psychotropic medications through amended language (substitute language in bolded italics):

*26-18-2.4*
(1) A Medicaid drug program developed by the department under Subsection 26-18-2.3 (2)(f):…
(c) may include placing some drugs, except ~~psychotropic or anti-psychotic drugs,~~ ***those drugs used to treat mental illnesses including antipsychotic, antidepressant, mood stabilizing, antianxiety, and stimulant medications,*** on a preferred drug list to the extent determined appropriate by the department; ***and***
***(c) (i) shall not impose prior authorization or other restrictions on medications that are within classes of medications exempted from a preferred drug list.***

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[i] National Institutes of Health, National Institute of Mental Health, *NIMH Perspective on Antipsychotic Reimbursement: Using Results From The CATIE Cost Effectiveness Study,* December 2006.
[ii] 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.
[iii] Stewart, Ricci, Chee, Hahn, and Morganstein, *Cost of Lost Productive Work Time Among US Workers with Depression,* JAMA, June 18, 2003—Vol 289, No. 23

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NAMI Utah is the National Alliance on Mental Illness of Utah. NAMI Utah's mission is to ensure the dignity and improve the lives of those who are affected by mental illness through support, education and advocacy. Our message is "Treatment works, recovery is possible, there is hope, and you are not alone."



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