

# **Averting a Prescription for Disaster.....**

## **Ensuring Unrestricted Access to Medications to Treat Mental Illness**

### **THE PROBLEM**

Unfortunately, there are efforts underway to restrict access to some of the most effective medications to treat mental illness. In 2000, the Iowa Legislature established an exemption for these medications from the Medicaid Preferred Drug List (PDL). The Department of Human Services has included a proposal in their budget to now include mental health medications on the Medicaid Preferred Drug List saying it will save at least \$1.7 million. Once this exemption is removed policies such as prior authorization, fail first, generic substitution and step therapy will go into effect.

### **THE FACTS**

Medications are a critically important element in the successful treatment of mental illness. Over the past 15 years, the effectiveness of medication to control mental illness has improved immensely. With proper medication, counseling and support services, individuals with mental illness can live full and productive lives.

When it comes to mental health medication, one size does not fit all. Effectiveness and side effects vary significantly for every person – the medication that works for one individual may not work for another. Therefore, the greater the range of mental health medications offered, the greater the chance that a provider can find the right drug for that patient – improving the chance for recovery.

Changing psychiatric medications is very difficult. It can take up to 6-12 weeks to determine if a medication works, and each failed trial results in suffering and possible worsening of a person's condition.

These policies create significant administrative burdens for doctors, often influencing them to prescribe the medication that is covered as opposed to the one that is most effective. And policies that require someone with a serious mental illness to “fail first” before becoming eligible for another, more effective drug, are simply cruel and inhumane.

### **THE COST**

Restricting medications is economically unwise. While these policies are thought of as “cost savings”, the fact is that they can actually result in higher costs because they increase the risk of relapse and costly hospitalization. Treatment is most effective and less expensive in the community rather than in a state hospital or correction facility. The state will pay for other costs that are far more expensive than medication such as emergency room visits, hospitalization or prisons.

Newer medications have resulted in an average net savings of \$8,702 per patient, per year, when taking into consideration decreased costs in clinical care, including inpatient hospitalization. (Lewin Group, 200)

Far from being a cure, newer medications have become a critical cornerstone of the illness recovery process. Treatment success rates are 80% for bipolar disorder, 65% for major depression, and 60% for schizophrenia. (National Institute on Mental Health)

## **THE SOLUTION**

Policymakers and lawmakers can support current administrative and legislative language prohibiting Medicaid from placing restrictions on access to medications for mental health treatment.

The Iowa Medicaid Enterprise can ensure that treatment providers are prescribing appropriate medications through continuation and expansion of quality care activities that are focused on provider education, safe prescribing practices, and consumer protection