



ARIZONA PSYCHIATRIC SOCIETY

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April 27, 2020

Suzi Berman, RPh, Director of Pharmacy Services
AHCCCS
801 E. Jefferson, MD8500
Phoenix, AZ 85034

Re: Comments for AHCCCS Pharmacy and Therapeutics Committee - May 19, 2020

Dear Dr. Berman:

I hope you are doing as well as possible during these very challenging times. The Arizona Psychiatric Society (APS) and I want to thank you, your team, and everyone at AHCCCS for all the very hard and difficult work you are doing during the COVID 19 crisis. We really do appreciate it.

On behalf of over 900 practicing psychiatrists and their patients, the Arizona Psychiatric Society respectfully submits these comments for your consideration. Like you and AHCCCS we as psychiatric physicians want to do whatever we can to ensure AHCCCS patients receive the best care available.

One of our concerns for our patients and AHCCCS members is the placement of limitations on prescribing practices and medications that could potentially result in poor or less than desirable outcomes. We believe in providing the best care for our patients. We also understand that resources are not limitless, and that, as participants in the public sector, we need to work with you and AHCCCS to provide care in financially responsible ways. From this perspective, we encourage as open an access as possible to psychotropic agents that are known to have demonstrated value. These include long acting atypical antipsychotics, oral atypical 2nd generation antipsychotics, stimulants and related agents, and opiate dependence treatments.

We would like to encourage the AHCCCS Pharmacy and Therapeutics Committee, in reviewing medications for consumers, to consider the following evidence regarding Medicaid formulary restrictions for those with chronic and serious mental illness. Restricted access to atypical antipsychotics has been shown to be associated with decreased medication adherence, increased treatment discontinuation, and increased healthcare costs. In several comprehensive, multi-state retrospective studies of Medicaid formulary restriction (1,2,3), the following effects were seen:

- Patients with schizophrenia were more likely to require hospitalization, had 23% higher inpatient costs and 16% higher total costs.
- Patients with schizophrenia had worsened adherence to treatment, with 12-29% rates of medication discontinuation.
- Patients with bipolar disorder had 20% higher inpatient costs and 10% higher total costs.
- Patients with schizophrenia were 22% more likely to be incarcerated.
- Patients were more likely to be re-prescribed medications which had been ineffective in the past.
- A consistent finding has been that formulary restrictions for psychotropic medications used to treat conditions like these do not significantly lower Medicaid total expenditures for this population.

Other work has suggested that treatment delays due to the prior authorization process can significantly contribute to patient relapse and decompensation as risk for rehospitalization in patients with schizophrenia increases by 50% in the first ten days following a missed prescription refill (4).

Additionally, typical, or "first generation" antipsychotics have a significantly higher association with a disfiguring and irreversible side effect like tardive dyskinesia. Studies which have purported to demonstrate no clear advantage for atypical over typical antipsychotics have generally not factored in the difference in incidence rates of tardive dyskinesia, which have been consistently found to be at least and in some cases much greater than 5% /year for patients prescribed typical antipsychotics versus less than 1%/year for patients taking atypical antipsychotics.

Patients with chronic and serious mental illness can be psychiatrically, medically, and socially complex. They are among the most vulnerable of the populations served by AHCCCS. Maintaining their psychiatric and medical stability in the community requires clinicians adhere to best practices for treatment of these conditions. Having access to the full array of needed medications is especially important for them.

In order to provide effective treatment for patients with chronic and serious mental illness, it is essential that clinicians be able to choose among a variety of agents with different profiles and characteristics. Individual variations in medication response and ability to tolerate medication side effects can be substantial and are critical considerations in determining whether an individual will consistently adhere to treatment and remain stable in the community or experience a cycle of repeated hospitalizations and emergency room visits.

Similar information and comments can be provided about the other drug classes mentioned above. On behalf of the Arizona Psychiatric Society, we thank the Committee for your consideration of our recommendations as we work together to ensure cost-effective and humane care for the citizens of Arizona. We would welcome the opportunity to meet with you and AHCCCS including virtually to discuss this letter and any other ways we could provide additional input, help, and contribute.

Respectfully submitted,



Don J. Fowls, MD, President

References

1. Formulary Restrictions on Atypical Antipsychotics: Impact on Costs for Patients With Schizophrenia and Bipolar Disorder in Medicaid. Seabury SA, Goldman DP et al. Am J Manag Care. 2014 Feb 1;20(2):e52 -60
2. Do Strict Formularies Replicate Failure for Patients with Schizophrenia? Goldman DP, Dirani R, et al. Am J Manag Care. 2014 Mar 1; 20 (3) 219-228.
3. Medicaid Prior Authorization Policies and Imprisonment Among Patients with Schizophrenia. Am J Manag Care. 2014 July; vol 20, No 7
4. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):617.