

Public Comments Submitted to DPW along with Letter to Secretary Alexander

Subject: Proposed PA for Use of Atypical Antipsychotics

I am writing on behalf of NAMI PA, which represents 60 affiliates across the state. We are the largest mental health membership advocacy organization representing families and consumers in Pennsylvania. We are attaching a letter written to Secretary Alexander (see below) and would like to highlight the following points with both the PDL changes to Atypical Antipsychotics and the proposed PA:

- Medication decisions should be clinically based to achieve the best outcomes, and not on the cost of the drug alone; the cheapest drug might not have the best outcomes
- Studies on the Medicaid population demonstrate that when you restrict access to behavioral health drugs, other health care costs increase, e.g. emergency room visits, hospitalizations, crisis intervention services, or some patients end up in the criminal justice system, with very expensive, long-term costs to the state
- Studies show that per capita expenditures on inpatient mental health services are over 39% higher in states with restrictions on access
- Studies show that as a result of every dollar saved by reducing the budget on medication for patients in Medicaid with Schizophrenia, \$17 was spent on emergency services to those patients as a consequence (New Hampshire)
- Every time a patient is forced to fail, it takes longer and is more expensive than the time before to stabilize that person; e.g. increased hospitalization and in some cases, the person never reaches the prior level of functionality
- In addition to immediate additional costs, fail first policies that result in a psychotic episode, cause long term, cognitive damage to the patient, which reduces the patient's ability to move from public assistance toward independence
- DPW is restricting access to drugs that have a much better metabolic profile, which can reduce costs in other areas, e.g. issues related to being overweight, diabetes, cardiac problems
- Medications that treat mental illness that are within the same "therapeutic" category cannot be used interchangeably; side effects can be very serious and vary greatly from patient to patient
- DPW is restricting access to drugs that are FDA approved to treat children and youth; only two atypical antipsychotics are approved for youth
- The Behavioral Health Clinical Committee (OMHSAS) opposed the changes
- Restrictions through formularies and prior authorization policies increase bureaucracy by requiring more administrative staffing to monitor and enforce policies and procedures (this is particularly true in the case of antipsychotics where several studies have shown there is a high rate of approval for prior authorization requests)
- Restrictions through formularies and prior authorization policies force providers to increase administrative staff to deal with prior authorization requests, which leads to increased health care costs that are not related to direct medical care