PREFERRED DRUG LIST: WHY OPEN ACCESS TO ALL AVAILABLE MEDICATIONS?

Critical first step of effective treatment

Mental health medications ARE NOT interchangeable

Formulary restrictions result in higher likelihood of adverse event

(ED visits, hospitalization, suicidal or violent ideation or behavior, physically injuring someone, homelessness, or incarceration)

UNINTENDED EFFECTS OF ACCESS RESTRICTIONS

Prior authorizations & “fail first” requirements lead to dangerous delays in patients receiving appropriate medications, pharmacotherapy and treatment interruptions

- Medical Costs
- Inpatient Costs
- Hospitalizations
- Incarceration Rate
- Duration of Incarceration

16% 23% 16.6% 2.7% 4x
RESTRICTIONS INCREASE LONG-TERM COSTS

Predicted Expenditures With and Without Formulary Restrictions for Atypical Antipsychotics: Patients with Schizophrenia

An evaluation of 24 states that implemented Medicaid formulary restrictions, such as, prior authorizations, which require clinicians to obtain permission from Medicaid to prescribe a specified drug or risk losing a Medicaid reimbursement; step therapy, which only permits a non-preferred medication to be prescribed after the patient fails to respond on formulary selected medications, found that formulary restrictions save little, if any, money on drug spending. 5, 6

Paying for medications upfront is less expensive than paying for the delayed access to non-preferred drugs and associated ancillary costs.

References: