

American Psychiatric Association

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The Honorable Janice K. Brewer, Governor
Arizona Governor
Executive Tower, 1700 W. Washington
Phoenix AZ 85007

June 15, 2010

Dear Governor Brewer:

We, the undersigned organizations, are writing to express our grave concerns regarding the proposed changes to benefits for Non-Title XIX Members with Serious Mental Illnesses (SMI). Under the proposal the primary benefit available to non-Medicaid enrolled individuals who live with serious mental illness will be medication and lab services. With medication being the primary benefit left to this vulnerable population, it is critical that the formulary be able to meet their clinical needs. However, the proposed Non-Title XIX Medication Formulary is restricted to generics--which means there is only one covered medication among the newer, non-interchangeable atypical antipsychotics, risperidone. All the other generic antipsychotics on the formulary are older, typical antipsychotics with well documented negative side-effect profiles that may result in permanent neurological damage for which the state would be liable. The clinical and financial consequences of this highly restrictive policy strongly argue against its implementation.

First, people with serious mental illnesses typically have one or more physical health issues accompanying their mental illness. On average in the United States, this population takes seven medications to treat co-morbid medical conditions. This medical complexity requires optimizing drug selection to be able to effectively treat all medical conditions, minimize side effects, and avoid drug-to-drug interactions or other complications that may impede patient adherence or compromise health.

Second, the newer generation of atypical antipsychotics have proved to be essential to increased treatment success for people with serious mental illness. Without these medications, community-based care--in contrast to the institutionalization of decades past--would often not be possible. Data from the CATIE study (Clinical Antipsychotic Trials in Intervention Effectiveness) conducted by Lieberman for NIMH showed high failure rates on all drugs, including risperidone, and makes the case for the need for multiple choices for medication treatment. Requiring treatment with the older class of drugs, with their potential to create permanent disabling conditions, and failure to address the individual's clinical needs, is likely to

lead to costly and unintended consequences.

Third, risperidone, the one generic atypical antipsychotic, and hence the only atypical on the formulary, is not interchangeable with other the other non-generic atypical antipsychotics. These drugs, despite being in the same "class," vary markedly with regard to mechanisms of action and side effect profiles. Individual responses can be very idiosyncratic. Moreover, each atypical antipsychotic interacts differently with other drugs that may be used for the treatment of a patient's concurrent medical conditions. Simply put, atypical antipsychotics are not therapeutically equivalent and substitution of non-equivalent agents on a non-medical basis is unsound.

Any formulary should include medications that have clinically important differences that can have an impact on effectiveness and health outcomes. Among antipsychotics, there are clinically significant differences in weight gain, extrapyramidal side effects, sedation, drug interactions and other adverse side effect profiles.

Fourth, individuals who are clinically stabilized on non-formulary drugs will be forced, due to lack of coverage, to switch to other drugs. This will essentially result in physicians and other licensed prescribers practicing non-evidence-based medicine, which is substandard and medically unsound and inconsistent with treatment guidelines promulgated by the National Association of State Mental Health Program Directors. Further, switching a patient from an effective drug often results in negative clinical outcomes, which may be caused by lower adherence with medication regimens or discontinuation of treatment altogether, causing an increased need for emergency room and hospital treatment when the patient decompensates, or may create the need for criminal justice involvement and increased use of other services.

Fifth, Arizona already leads the nation in the percentage of mentally ill individuals who are jailed or imprisoned as a result of their untreated symptoms and behavior. An increase in this kind of incarceration is a foreseeable consequence of the program changes proposed by your Administration. The financial and human costs to the State of jailing the mentally ill far exceed the cost of treating these individuals. Therefore, any argument that the program changes will save the State money is short-sighted at best.

Mental health services research demonstrates that there is approximately a 70 percent chance of failure when an individual who is stable on one antipsychotic is forced to switch to another. With an average cost of \$1,881 for an emergency department visit in Arizona and an average psychiatric inpatient stay costing \$10,435, the price of inappropriate medication switches in noncovered care alone is too high. These costs will be shifted to Arizona hospitals and corrections facilities, tax payers, and society as a whole.

The proposed generics-only formulary is untenable as well unprecedented for the treatment of people with serious mental illnesses who rely on this benefit. The negative health consequences and resultant cost shifting through increases in noncovered care will offset the Arizona budget line-item projected savings. In spite of the fiscal condition of Arizona, the State should, at a minimum give serious consideration to grandfathering patients already stable on their current medication regimen, implementing a transition plan that allows for the changes to

go into effect over a reasonable time period, as well as considering other strategies that would provide for access to non-generic atypical antipsychotics when they are medically indicated. To not do this is ill advised. We strongly urge reconsideration of this proposed formulary to reflect medically-sound standards of care.

Respectfully,



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