



Public Testimony Registration

1 message

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Disclosures:

Organization1/Role1: /
Organization2/Role2: /
Organization3/Role3: /
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Summary of Testimony: On behalf of over 900 practicing psychiatrists and their patients, the Arizona Psychiatric Society respectfully submits these comments for your consideration. All psychiatric providers in the State of Arizona, along with ACCCHS and the Pharmacy and Therapeutics Committee, have a common goal of wanting to do whatever we can to ensure AHCCCS patients receive exceptional care. We recognize and sincerely appreciate the hard work and dedication to providing mental health care in our community, which continues to require flexibility and perseverance through the impacts of the pandemic. We share thanks and gratitude for everyone who continues to do this challenging work, as we believe the impacts of the pandemic will resonate throughout behavioral health for a long time to come. As we have provided written testimony regarding in the past, one of our main concerns for our patients and AHCCCS members continues to be the placement of limitations on prescribing practices and medications that could potentially result in poor or substandard care. We believe in providing the best care for our patients. We also understand that resources are not limitless, and that, we need to work with you and AHCCCS to provide care in a financially responsible way. It is from this perspective that we encourage a continued open access to psychotropic agents that have demonstrated clinical value. These include long-acting atypical antipsychotics (LAIs), oral atypical second-generation antipsychotics, stimulants and related agents, and opiate dependence treatments such as MAT (medication assisted 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 research 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). It has been demonstrated that compared with use of oral antipsychotics, use of LAIs was associated with significantly fewer

readmissions of Medicaid patients with schizophrenia within 60 days after an index hospitalization (5). Studies looking at the direct cost analysis has shown that Medicaid-insured patients with schizophrenia initiating treatment with LAIs, the mean number of all-cause hospitalizations and hospitalization days were reduced by 24% and 31% ($p < 0.0001$) compared with baseline. Results from large cohort studies provide naturalistic real-world evidence of the utility of LAIs in patients with schizophrenia and suggest that these agents help to reduce the risk of relapse across all age groups (7). The primary results of a meta-analysis suggest that LAIs are associated with a 20% higher reduction in hospitalization rates for schizophrenia patients compared to oral antipsychotics. (6) 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 entire spectrum 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 on this important issue. Please reach out if there are any other ways we could provide additional input, help, and support. Respectfully, Jasleen Chhatwal, MBBS, MD President, Arizona Psychiatric Society

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Drug/Product: Psychotropic agents that have demonstrated clinical value. These include long-acting atypical antipsychotics (LAIs), oral atypical second-generation antipsychotics, stimulants and related agents, and opiate dependence treatments such as MAT (medication assisted treatments).

Therapeutic Drug Class: Psychotropic agents that have demonstrated clinical value. These include long-acting atypical antipsychotics (LAIs), oral atypical second-generation antipsychotics, stimulants and related agents, and opiate dependence treatments such as MAT (medication assisted treatments).

Testimony Oral?

Testimony Written? Yes

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