KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

Medicaid Medication Management – Support HB 2259

Position: The Kansas Legislature should reform the Mental Health Medication Advisory Committee to provide meeting and policy transparency and public access, and expand the Committee's advisory role to include recommendations regarding step therapy policies and processes to assure safe and effective prescribing.

The Problem: In 2015, the Kansas Legislature removed the statute that exempted mental health medications from restrictions in the Medicaid program. Since then, the barriers to prescription approval have grown and patients wait on unreasonable delays. Provider staff spends excessive time on prior authorizations.

Research supports exempting mental health drugs from restricted access. KanCare should provide meaningful public input as it implements medication restrictions.

The legislation created a Mental Health Medication Advisory Committee proposed to assure that medications were being prescribed safely and effectively across all three Medicaid managed care contractors. Unfortunately, the meetings of the MHMAC lack transparency and adopt restrictive processes – often over the concerns of the clinical members. Proposals are not publicly available, but testimony is required in advance. Copies of policies are not distributed to the public.

Further, the MHMAC was not allowed to review and approve step therapy policies on mental health medications. The role of the MHMAC was cited as a reason to move forward with step therapy, but the agency bypassed the Committee when creating a new step therapy policy in 2017. This affected disabled children.

Why this matters: Numerous studies have shown that prior authorization or step therapy policies that prevent access to specific medications harms Medicaid participants with mental illness. When individuals face interruptions or delays in treatment, the consequences include emergency room visits, hospitalizations, homelessness, incarceration and death by suicide. Prior authorization requirements are an administrative burden for doctors who must follow extensive requirements to assure patient safety. The Committee has been told its role is limited to prior authorizations. Focus should extend beyond restrictions and implement new science, for instance, one opportunity could be gene testing which detects polymorphism of the MTFR gene, indicating insufficient receptors to metabolize some medications correctly.

Step therapy policies can be particularly risky, by requiring a patient to try a less expensive medication, chosen by an insurance company or management program, and "fail" on it before they can be prescribed a restricted medication chosen by their doctor. Therefore, it is even more important that these policies should involve behavioral health specialists. Yet, the MHMAC was denied a role regarding step therapy development.

The bottom line: KMHC will continue to work with state officials to evaluate and implement policies that enhance patient safety and create efficiency without jeopardizing patient access to medications. The growing workforce crisis requires us to evaluate the amount of time providers are forced to dedicate to claims processes. The Kansas Legislature should require the agency to fully utilize the expertise of the Mental Health Medication Advisory Committee for prior authorization and step therapy policies, as well as establish a more transparent public process, including providing proposals in advance and allowing for informed public input. The goal should be safe and effective prescribing, rather than policies that focus only on reducing drug costs.

Need more information? Drill deeper into this issue on the back of this page.

The rest of the story about mental health medications

A 2010 study states "mental health-specific inpatient and emergency room utilization and costs increased" from step therapy which "may have the unintended effect of reducing overall antidepressant use and increasing medical use and costs."[1] Another study found that "managed care policies among patients with psychiatric illness have even been found to shift costs in state budgets to jails."[2]

A study of the policies adopted in the Georgia Medicaid program published in 2008[3] concluded that while prior authorization of "atypical antipsychotics was associated with significant prescription savings to the Georgia Medicaid program, among a vulnerable cohort of patients with schizophrenia, an increase in outpatient expenditures was associated with overall savings." While step therapy saved the state $19.62 per member per month in atypical antipsychotic expenditures, these savings were "accompanied by a $31.59 per member per month increase in expenditures for outpatient services." The authors challenge policymakers who are considering similar policies to "consider carefully the potential for unintended consequences of restricted access to antipsychotic medications."

A 2010 study concluded that "barriers to medication access may exacerbate the problem of poor adherence and may lead to declines in the health of these vulnerable patients, including higher risks of relapses, hospitalization, and suicide."[4]

In 2003, Maine instituted a prior authorization and step therapy policy for atypical antipsychotics. Persons affected by prior authorization requirements had a 29 percent greater risk of treatment discontinuity. Due to negative outcomes from adopting this policy including an increase in hospitalizations, the policy was suspended. In an examination of programs in Maine and New Hampshire, a 2009 study found that "the small reduction in pharmacy spending … may have resulted from higher rates of medication discontinuation rather than switching. The findings indicate that the prior-authorization policy in Maine may have increased patient risk without appreciable cost savings to the state."[5]

In a review article on step therapy interventions, the author states that the adoption of step therapy "is quickly outpacing decision makers' understanding of the clinical, humanistic, and economic value of these programs. Such knowledge is needed to avoid potential unintended consequences such as medication noncompliance."[6]

The Kaiser Commission on Medicaid and the Uninsured has noted the distinct vulnerability of individuals with mental illness who are on Medicaid and recommends exemptions from restrictions for all psychotherapeutic and anticonvulsive medications.[7] Psychotropic medications—even those within the same class—have unique properties that result in different effects from one person to another. The National Institute on Mental Health (NIMH) notes that individuals have unique responses to psychiatric medications and need more, not fewer, choices.[8] NIMH concludes that "a medication that works well for one person with schizophrenia often doesn't work well for another. Genetic variations are thought to play a key role in this difference in response. While patients search for the right medications, their illnesses may worsen."

A study by the American Psychiatric Association showed that over half of dual eligible Medicare Part D patients with mental illness had problems accessing needed medications. More than a fifth had medications terminated or interrupted and about one in five were switched to a different medication because the medication on which they were stable was no longer covered or approved.[9]

Harvard University Professor Stephen Soumerai, a leading researchers in this field, stated in 2004: "Given the rapid increase in the use of [prior authorization] policies and other cost-control mechanisms in Medicaid, the relative lack of data on their risks and benefits is cause for concern. It is sobering to realize that if such policies were considered for a clinical study, the possible risks of reduced access to essential medications would likely result in a failure to obtain human-subject approval from most institutional review boards."[10]

[1] Mark, Tami L, Gibson Theresa M., McGuigan, Kimberly and Chu, Bong Chul, "The Effects of Antidepressant Step Therapy Protocols on Pharmaceutical and Medical Utilization and expenditures." American Journal of Psychiatry, 167:10, October 2010.
[2] Domino et al, Health Serv Res, 2007, 42(6 Pt 1):2342-5.
[3] Farley, Joel F. et al, "Retrospective Assessment of Medicaid Step-Therapy Prior Authorization Policy for Atypical Antipsychotic Medications," Clinical Therapeutics, Vol. 30, No. 8: 1524-1539, August 2008.
[4] Lu et al, "Unintended Impacts of a Medicaid Prior Authorization Policy on Access to Medications for Bipolar Illness." Medical Care, Volume 48, Number 1, January 2010
[5] Zhang et al, "Effects of Prior Authorization on Medication Discontinuation Among Medicaid Beneficiaries With Bipolar Disorder." Psychiatric Services, April 2009 Vol. 60 No. 4
[6] Motheral, Brenda, "Pharmaceutical Step-Therapy Interventions: A Critical Review of the Literature." Journal of Managed Care Pharmacy, Vol. 17, No. 2 March 2011.
[7] Kaiser Commission on Medicaid and the Uninsured, "Model Prescription Drug Prior Authorization Process for State Medicaid Programs," April 2003.
[8] National Institutes of Health, National Institute of Mental Health, NIMH Perspective on Antipsychotic Reimbursement: Using Results From The CATIE Cost Effectiveness Study, December 2006.
[9] West, Joyce C., Ph.D., M.P.P., et al, "Medication Access and Continuity: The Experiences of Dual-Eligible Psychiatric Patients During the First 4 Months of the Medicare Prescription Drug Benefit," Am J Psychiatry; 164:789-796, May 2007.
[10] Soumerai, Stephen, Health Affairs, 2004: 23:135-46.