PRIOR AUTHORIZATION OF MENTAL HEALTH MEDICATIONS

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Just when you thought one bad idea had been put away, Governor McCrory presented his 2014-2015 health care budget to the NC General Assembly with the resurrected proposal of requiring individuals receiving mental health medications to obtain prior authorization before getting these drugs effective January 1, 2015. The move is expected to save the state $6 million in drug costs, but are there unintended adverse effects with greater cost?

A prior-authorization policy requires physicians to obtain pre-approval in order for a patient to receive coverage for medications. Approval often requires documents supporting medical necessity for a non-preferred agent or prior treatment failure with other medications. Prior-authorization policies are controversial as they can introduce barriers to the timeliness or appropriateness of treatment initiation or selection. Medication non-adherence is already a frequent problem and one that often leads to the more expensive outcome of hospitalization because of decompensation. It is unlikely that these small savings (an average of $27 per patient over an 8 month period in a Maine study) offset the cost of increases in acute care services, imposing greater societal treatment costs for this group of patients (Lu, et al., 2012).

A 10-state study found the use of prior authorization was associated with 7.8 times higher rates of medication access problems. And people experiencing difficulty getting their medication were 3.6 times more likely to experience a significant adverse event such as an emergency department visit, psychiatric hospitalization, homelessness, incarceration or suicidal behavior. Prior authorization requirements were associated with individuals being 2.2 times more likely to be reported homeless and 3.1 times more likely to experience a psychiatric hospitalization. Individuals who discontinued or temporarily stopped their medications were more than twice as likely to be incarcerated or detained in jail (West, et al., 2009).

Changes of any kind tend to present a challenged for people with severe psychiatric illnesses. Simple tasks such as ordering routine refills from the pharmacy may elicit anxiety and paranoia on the best of days. When additional uncertainty and hurdles are added to the routine - such as would result from prior authorization – the experience of other states suggest that it is likely that some patients will decide it is more than they can handle. Instead, they may stop taking their medication altogether and may stop other aspects of their treatment such
as seeing their mental health providers. The likely result being the need for emergency psychiatric services and/or hospitalization and the additional hazard of possible adverse event (suicide or homicide) in high-risk individuals who are maintained in the community on these medications.

Pre-authorization was a bad idea in 2013 and remains a bad idea today. In addition, there are rumblings that the State Senate wants deeper cuts. Contact your state representatives and Governor McCrory now and let them know that prior authorization is not safe care for psychiatric patients.

References: