

FACT SHEET: The Importance of Open Access to Medications

- A *Health Affairs* article noted that restrictions on access to medicines could “reduce appropriate care, adversely affect health status, and cause shifts to more costly types of care. For example, [access restrictions] in New Hampshire in 1990 resulted in reductions in the use of psychiatric medications but led to large increases in the use of emergency mental health services and partial hospitalization for people with schizophrenia. The average increase in service costs per patient was estimated to exceed the savings by a factor of 17.”¹
- In 2006, the *New England Journal of Medicine* published a study that compared the clinical and economic outcomes of Medicare beneficiaries whose annual drug benefits were capped and beneficiaries whose drug benefits were unlimited because of employer supplements. The study concluded that “the savings in drug cost from the cap were offset by increases in the costs of hospitalization and emergency department care.”²
- Prescription drugs used to treat mental illness are not interchangeable. Doctors who treat mental illness often struggle for months or years to find the right medication for each individual patient – the medication that provides the most effective control of symptoms, limits side effects and delays relapse.³
- 44 percent of American caregivers who say their relative is satisfied with their current medication say it took two years or more for their relative to find a medication that works; 90 percent say that their relative tried more than two different medications before finding the one that works and 35 percent say their relative had to try more than five medications.⁴
- Time consuming barriers to appropriate treatment, such as prior authorization, can cause physicians and patients to avoid the non-preferred medications. Some physicians even refuse to fill out prior authorization forms because of this added time burden.⁵

¹ Chris Koyanagi, Sandra Forquer, and Elaine Alfano. *Medicaid Policies to Contain Psychiatric Drug Costs*. *Health Affairs*. March/April 2005; 24(2): 536-544.

² By John Hsu, MD, MBA, MSCE et al. *Unintended Consequences of Caps on Medicare Drug Benefits*. *N Engl J Med* 2006; 354:2349-59

³ Fenton W.S, Blyer CR, Heinssen PK, *Determinants of Medication Compliance in Schizophrenia; empirical and clinical findings*; *Schizophrenia Bull.* 1997 234:637-51.

⁴ 2006 *Keeping Care Complete*, survey of U.S. family caregivers developed by the World Federation for Mental Health and Eli Lilly and Company and conducted by independent market research companies Ipsos-Insight and All Global Ltd

⁵ Mackinnon N. J., Kumar R. *Prior authorization programs: a critical review of the literature*. *J Managed Care Pharm* 2001;7;297-302