



Mental Health Association in New York State, Inc.

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MEMORANDUM OF SUPPORT S.2849 (Breslin)/A.2969 (Peoples-Stokes)

The Mental Health Association in New York State, Inc. (MHANYS) supports S.2849 (Breslin)/A.2969 (Peoples-Stokes), which would require all commercial health plans to assure that health plans maintain continuity in coverage for prescription drugs during the course of the enrollment year. Currently in New York, health plans can remove a prescription drug from a formulary, or move a drug to a tier with higher patient cost sharing, during an enrollment year.

Patients often select a health plan based on their individual prescription drug needs. This is particularly true of patients receiving treatment for mental illnesses since finding effective medication, which can take months if not years to establish, and medication with favorable side effect profiles, is essential for maintaining recovery. It is critical that these patients have assurance that the health plan they select will maintain continuity in coverage for their prescribed drugs during the course of the enrollment year.

Increases in medication cost for psychiatric patients have been shown to predict non-adherence to medication regimes and studies also show that rates of psychiatric hospitalization are lower for those who are adherent to medication regimens.¹

Studies published in *The American Journal of Managed Care* looked at the impact of formulary policies on costs for patients with schizophrenia and bipolar disorder.² These studies found that applying formulary restrictions to atypical antipsychotics is associated with higher total medical expenditures for patients with schizophrenia and bipolar disorder and that patients with schizophrenia subject to formulary restrictions were more likely to be hospitalized.

Medication continuity is extremely important for people with mental illnesses who are already at risk of non-adherence for a variety of reasons. Sudden unexpected shifts in medication costs during an enrollment year, or medications being dropped from a formulary altogether, adds precariously to the risk of non-adherence and can be dangerously counter therapeutic.

For these reasons, MHANYS supports S.2849/A.2969 and urges the Legislature to pass this bill.

¹ Adherence to Treatment With Antipsychotic Medication and Health Care Costs Among Medicaid Beneficiaries With Schizophrenia. Todd P. Gilmer, Ph.D., Christian R. Dolder, Pharm.D., Jonathan P. Lacro, Pharm.D., David P. Folsom, M.D., Laurie Lindamer, Ph.D., Piedad Garcia, Ed.D., and Dilip V. Jeste, M.D. Published online: April 01, 2004

² Formulary Restrictions on Atypical Antipsychotics: Impact on Costs for Patients With Schizophrenia and Bipolar Disorder in Medicaid. February 24, 2014, (Seth A. Seabury, PhD; Dana P. Goldman, PhD; Iftekhar Kalsekar, PhD; John J. Sheehan, PhD; Kimberly Laubmeier, PhD; and Darius N. Lakdawalla, PhD). The studies are based on retrospective analysis of medical and pharmacy claims for patients diagnosed with schizophrenia or bipolar disorder in 24 state Medicaid programs, including New York.

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