On behalf of our practicing psychiatrists and their patients, the Nevada Psychiatric Association respectfully submits these comments for your consideration. We as psychiatrists want to ensure that Nevadans with mental illnesses receive care consistent with professional guidelines and evidence-based practice.

With the recognition of the uniqueness of each patient presentation we support open access to all safe and effective psychiatric medications, including long acting injectable (LAI) antipsychotic medications. We oppose the use of formulary restrictions like fail first step therapy or non-clinical prior authorization for psychiatric medications. Limitations on access to mental health medications could potentially result in poor or less than desirable outcomes for patients. Delays in individualized care lead to increased costs due to hospitalizations, involvement in the criminal justice system, loss of productive employment or inability to provide adequate care for self or dependents. Medicaid beneficiaries are over 20% more likely to experience adverse health outcomes when they cannot get appropriate medication; 74% are more likely to visit an ER for treatment; and require on average 72% more acute inpatient days in hospital (1).

We are always looking for the treatment option that is in the best interest of our patients. The side effects of psychotropic medications can be numerous, and each individual patient may have a unique response thus sometimes requiring a lengthy trial and error process to find the best medication. Once stable, it is particularly dangerous to risk changing a medication due to a restricted formulary that requires a change to an alternate. LAI’s, which are generally injected on a monthly basis, offer another tool in the mental health treatment toolbox. A Texas mental health prescriber tracked her patients for two years. Of the 461 patients she saw and treated with LAIs, only 22 discontinued treatment due to injection site pain (2) which is always a concern for patients initiating such treatment. That is a compliance rate of 95%.

With LAIs we are more likely to see higher and longer compliance than with oral medications. The medication blood level is more stable so we are less likely to see peaks and troughs as a person tries to maintain an oral medication schedule. With daily oral medications, patients are at higher rates of relapse and decompensation if they skip doses or miss a refill of their medication; the risk for rehospitalization in patients with schizophrenia increases by 50% in the first ten days following a missed prescription refill (3).
Here in Las Vegas, one of our main psychiatric medication clinics relies on the LAI’s in both clinic patients and Mental Health Court patients and judges are now big fans of the LAI’s as they witness the improvement and stability with less recidivism.

Keeping patients stable in the community is particularly important now during the COVID-19 pandemic as it keeps them out of the emergency rooms and hospitals thus reducing overcrowding and exposure to the virus. The chronic mentally ill represent a vulnerable population with various medical co-morbidities so the LAI’s help reduce relapses and admissions to hospitals and jails in addition to decreasing the risk of getting a corona virus infection.

In several comprehensive, multi-state retrospective studies of Medicaid formulary restriction, one consistent finding has been that formulary restrictions for psychotropic medications used to treat conditions like schizophrenia and bipolar disorder do not significantly lower Medicaid total expenditures for this population. Additional findings from these studies (4,5,6) conclude that:

- 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.

References
1. 2017 Texas DUR Board. Testimony from Greg Hansch, NAMI Texas Executive Director.
2. 2018 Texas DUR Board. Testimony from Karen, psychiatric nurse practitioner in Texas.

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