

To Iowa P&T Committee Members:

Thank you for the opportunity to offer consumer input on your important deliberations regarding the Iowa Medicaid Preferred Drug List.

is a grassroots advocacy organization of individuals and families affected by serious mental illness. In Iowa we have a state chapter and 11 local affiliates representing thousands of Iowans. Our members know from personal experience that treatment for mental illness works. Our members also know all too well that getting to the right medication regimen can be a long and challenging process, but getting the right medication is often makes the difference between disability and recovery. New advances in medications, and their combination with other services and supports, allow people with mental illness to lead healthy and productive lives.

**Restricting access to FDA-approved psychiatric medications hinders recovery.** While we appreciate the desire to manage our tax dollars wisely, we are deeply concerned that restricting access to treatments for conditions that are already extremely challenging will be harmful to consumers. Many NAMI families have the heartbreaking experience of watching someone they love, who has so much potential, slide into the depths of mental illness simply because they could not get the right medication at the right time. Once that slide begins it can take years to climb out of the hole, and many never do. On the other hand, new breakthroughs in the early treatment of psychosis show tremendous promise. At NAMI Iowa we know the time is soon coming when young people with even the most serious mental illnesses will be able to stay on track toward successful adulthood. But the right medication, integrated with evidence-based services and supports, is the key.

**Psychiatric medications are not clinically interchangeable.** People respond differently to different antipsychotics and anti-depressants. It often takes several trials and many months, if not years, to find a drug regimen that works. We learned from the National Institutes of Mental Health CATIE study<sup>[1]</sup> that people often don't take these medications as prescribed. We also found that the side effect profile was an important concern, so while the target effect of medications within a class may be similar, the side effect profile may be the deciding factor in adherence. This finding underscores the fact that individuals respond differently to treatments and need access to a full array of options.

**Restricting access to FDA-approved psychiatric medications does not save money.** Other states that have instituted restrictive formularies and utilization management techniques have found that projected savings were not realized across the system. Consumers who are unable to access the most appropriate, clinically indicated psychiatric medication experience higher rates of incarceration, suicidality, emergency department visits and hospitalizations. These outcomes are not only bad for consumers, they are typically far more expensive to Medicaid and other state agencies than the cost of covering psychiatric medications.

Given the impact these illnesses can have on individuals, their families and our community, believes it is unwise, clinically and fiscally, to limit access to the full array of psychiatric medications. While removing some medications from the preferred drug list may save on costs to the Medicaid pharmaceutical budget, these savings pale in comparison to the costs of lost wages, increased hospitalization, incarceration and homelessness, not to mention the costs that families must absorb to care for their sick loved ones. Of course, there is no dollar amount that you can assign to a life lost to the ravages of serious mental illness.

Again, thank you for the opportunity to provide input. I hope our testimony will be given serious consideration as you deliberate this important topic.

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