



National Association of Mental Health Planning and Advisory Councils

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Opposition to Restrictive Measures for Medication Access

Statement of Position

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) is opposed to cost containment strategies that restrict access to needed medications or other services because they are economically unwise, impede proper care, and increase human suffering.

Rationale for this Position

NAMHPAC believes that providers and informed mental health consumers should be unhindered to make medication decisions based on consumer experience, side-effect profile, and treatment guidelines.

Some health plans in both the private and public sector, are placing restrictions on consumer access to certain medications. Restrictions may be warranted when they discourage the inappropriate use of medications, or encourage the use of generic equivalents. Unfortunately, limitations are often designed solely to discourage the use of newer, more expensive medications. These limitations can take the form of a restrictive formulary, in which only certain medications are covered, or a “fail-first” policy, requiring the use of older, less expensive medications before prescribing newer medications. Restrictions may also include the implementation of a prior authorization process that requires a physician to receive permission before prescribing a certain medication as well as limitations on the number of prescriptions that can be filled in a month.

Such limitations can prevent optimum treatment and recovery for persons with mental illness. Medications used in the treatment of mental illness differ from one another in either their effectiveness in treating specific symptoms or disorders, or in their side effects. There is growing evidence that medication effectiveness is also influenced by race and ethnicity, thus making open access even more critical.

These policies create greater administrative burden for prescribers that may influence their behavior to prescribe the medication that is covered as opposed to the one that is most effective. Prior authorization, fail-first policies, restrictive formularies, and limitations on the number of prescriptions filled per month create waiting periods that pose risks to consumers and are detrimental to effective medical treatment.

A Call to Action

As part of their advocacy and monitoring role within state mental health systems, NAMHPAC encourages mental health planning and advisory councils to be knowledgeable about policies used by private and public plans concerning access to medications. Planning council members should be vigilant in their opposition to any limitations in the form of fail-first policies, restrictive formularies, or prior authorization processes that prevent access to medically necessary medications.

Approved by the NAMHPAC Board of Directors on February 3, 2002.