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Honorable Senators and Representatives,

I am a Psychiatrist in full time Private Practice.

Over the past few yrs., MD's in other specialties & Psychiatrists have been dealing with the ever-increasing & pesky issue of spending needless hours doing "Prior Authorizations" for medications that are commonly used in psychiatry, (anti depressants, antipsychotics, suboxone for opiate addicted patients etc.) filling out "silly" forms & making phone calls to PBM's— all unnecessary and uncompensated time, time that could more usefully be spent one to one with patients. These are just meant to be "hurdles" to deter physicians from pursuing it further & hence deprive patients of much needed treatment.

It can take hours and sometimes days to get the mission accomplished.

I understand that the Insurance Carriers need to monitor cost but what is infuriating and inappropriate is the means they use to limit and dictate treatment. Hiding behind policies and difficult to meet criteria is a deliberate attempt to adversely influence doctor and patient behavior. Based on the existing complexity of the appeal and denial process, (In order to obtain a brand name medication that is effective, or a higher dosage of a medication) — how can a depressed patient or a busy physician be expected to go through this rigmarole on a daily basis? That is exactly what the Insurers bank on.

Insurers have crossed the line and are making Medical Decisions without seeing the patient & without a License.

The other & more serious issue is that of the "mandatory" 90 day script policy, demanded by PBM's & Insurers which only benefits them, not a subset of psychiatric patients, who are a high risk population—those who are depressed, suicidal, addicted to illicit drugs, unstable schizophrenics, bipolar patients etc.—(some of whom are at risk for overdose and suicide, others who need to be monitored closely)—for these patients, the 90 day mandatory policy is insane, unsafe & totally inappropriate. Attempts to "over-ride" this are a "hit or miss" and are hugely time-consuming.

The decision as to who can or cannot be prescribed this large amount of medication should be left to the physician, not the PBM's/Insurers. By dictating that the scripts have to be written for a 90 day supply—these entities are Practicing Medicine & Bad Medicine at that. Further hurdles to cross are in the form of high copays for patients receiving less than a 90 day supply, which seems like a punishment, adding insult to injury.

The Official APA Position statement includes the following.

Given the prevalence of suicide in our country, and specifically the prevalence of overdose on prescription medications, Pharmacy Benefit Management (PBM) policies that incentivize provision of high quantities of medications to patients are of concern to us as psychiatrists. Placing large quantities of medications in the hands of potentially suicidal patients elevates the risk of a fatal outcome should an overdose be attempted. On the other hand, many patients with depression are on stable doses of Antidepressants for years and could benefit greatly from the cost savings offered by PBMs for long-term prescriptions.

APA POSITION STATEMENT:

Pharmacy Benefit Management companies should offer prescribing physicians' flexibility in determining when dispensing of an entire 90-day supply of a medication is clinically dangerous, and should offer alternatives that would enable dispensing a 90-day supply in multiple shipments without financial penalty.

As a caring, compassionate Physician who is concerned about my patients' well-being, I urge the Legislators to carefully read these statements, understand the enormity of the growing invasion into the practice of medicine by Insurers, PBM's and based on this understanding, change these inappropriate, unfair & potentially dangerous policies, which are beneficial only to these entities, not to my patients.

Sincerely,

Rekha Ranade-Kapur, MD