Thank you for allowing me to speak today in reference to Bill 5626, An Act Concerning Prescription Drugs For Psychiatric Patients. I am Brian Keyes, a child, adolescent and adult psychiatrist and president of the Connecticut Psychiatric Society, an organization of approximately 800 psychiatrists in Connecticut. Our organization would like to propose content and language to clarify what we believe this bill is intended to address.

In our practices we encounter very ill patients in need of medication and frequently needing multiple medications. Often these patients will need their dosage adjusted several times, or they may have to try more than one medication, until the maximum healing effect is reached. Some patients may be suicidal or self-destructive and should not be allowed access to a large quantity at one time.

For these patients flexibility without an increase in cost to the patient is needed in drug benefit plans that require patients to be prescribed and to purchase 90 days' supply of medications.

There are three things that seem to be happening:

1. Some drug benefit companies have an appeals process to bypass the 90-day requirement but the process is invisible or onerous. Additionally, the process is not consistent between companies. Remember we are talking about the most fragile of patients unable to martial the resources to deal with complicated situations.
2. In our survey of members taken just a few weeks ago, we found that some patients were told they MUST buy a 90-day supply or there would be no coverage at all for the medication despite claims that there is an opt-out process.
3. Patients who are able to opt out of the 90-day supply typically pay a large financial penalty in the cost of the drug. They then have to pay co-payments for each amount of medication dispensed rather than paying typically the cost of two copayments for a 90 day supply. For patients where there is greater concern about safety, this could result in another copayment each week, which could range from $10 to $60 or more. At times the payment tier of the medication is also changed along with granting an exception to the 90-day rule, resulting in a much larger copayment as well. If a patient were taking multiple medications, these additional costs could occur for all of them.

The financial burden from these requirements typically results in patients either not being able to fill prescriptions or taking less of a medication than they should be. This most often causes worsening of psychiatric illness which can lead to the need for increased intensity and/or frequency of treatment, need for hospitalization, self-destructive behavior, suicide attempts or in rare cases violence toward others. Almost no patients are financially able to shoulder this tremendous increase in cost. This results in much greater costs in the longer term, and not just in a financial way. Not allowing exceptions to the 90-day prescribing rule or increasing the overall cost of medication in any way in cases where prescribers determine that this is necessary because of the person's psychiatric illness or needs is

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discriminatory toward those with such illness, and this includes a large percentage of the population. We have attached a page of quotes from our survey regarding the problems patients have. Here is just one comment:

"... I have had multiple instances where I started a medication for a patient and a 90 day was required. The price difference is often at least $100. Since it's a new medication, and we cannot predict if the patient will tolerate the medication, it does not make sense to require 90 days. If the patient does not tolerate the medication then it is a huge waste of medication that then needs to be disposed of."

We understand how markets work. If you go to Costco and buy a dozen rolls of paper towels, you pay less per roll than you would if you just bought one in the local store.

But health care is not a perfect market. The buyers are sick, fragile people and the sellers are huge corporations.

It would seem to us that reasonable price accommodations could be made for the patients who need them without damaging profits.

Our proposed language is attached and we welcome further discussion on this matter.

Attachment 1: Proposed language
Attachment 2: Quotes from CPS member survey

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Quotes from CPS Member Survey regarding 90-day prescribing rules:

"My main concern is being told by the pharmacy benefits management that I must supply a 90 day supply or my patient cannot receive their prescription. This raises concerns about safety for patients that are not safe to have access to such a large supply of medication. It also seems clinically contraindicated as I am being asked to supply 90 day supply while I am still in the process of evaluating a new medication or titrating dosage."

"Some patients have difficulty limiting their benzodiazepine use. For example Klonopin prescribed for 0.5mg bid #60 cost $10+/ fill. Patient given 90 day (180 pills) may have no co-pay. But the temptation to use extra is greater resulting in dosage escalation and harm to patient with risk of addition and need for detoxification or worse diversion to others on the false assumption that they have a large quantity."

"We do not know the cost because if amount is less than 90 days, insurance will not cover it at all and patient must pay out of pocket.For a medication such as Abilify, that can be$ 3-400"

"I do not have information regarding price, but I have had multiple instances where I started a medication for a patient and a 90 day was required. The price difference is often at least $100. Since it's a new medication, and we cannot predict if the patient will tolerate the medication, it does not make sense to require 90 days. If the patient does not tolerate the medication then it is a huge waste of medication that then needs to be disposed of."

"Patients' clinical states can change so rapidly that we have seen numerous suicide attempts because patients report the medications "won't even be covered" if they are not given a 90 day supply when they are well--but then they they use the very drug that helped them to try to kill themselves."

"I am a full time psychiatrist at the Institute of Living. I often (weekly) see patients who are discharged from inpatient hospitalization for OVERDOSE on pills, and are given 7 day supply from inpatient doctor When discharged. Then when they follow up in the outpatient clinic, or step down to a day program, they insurance companies are mandating 90 day supply. This happened yesterday for Citalopram, which is a very inexpensive generic medication, that the insurance would not cover unless it was 90 day supply. This would have been dangerous, and harmful to the patient. "

"We have a patient who has SEDATIVE HYPNOTIC ABUSE/DEPENDENCE, and often over takes, Ambien, Clonazepam, Benadryl and Zquil. After hospitalization for suicidal ideation and addiction issues, she was discharged on Quetiapine. They wanted her to be given a 90 day supply which would have been dangerous and harmful. For this disabled, limited income individual to pay 30 day supply would have been 159.99 X3 mo, which is unaffordable."

"Seroquel. 100mg. 30 day supply $159.99 Denied prior auth to receive the 30 supply covered by insurance."

"... the 90 day supply has caused excessive waste as I try to titrate dosages, AND it has led to delays in treatment (so I can rewrite the rx in the 90-day form) and frustration/loss of momentum for patients who are unmotivated as a feature of their illness. If the goal is getting the most depressed patients to have more frustration and roadblocks to recovery, the insurance companies have done a wonderful job."

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