

Coverage for Antipsychotic Medications

Patients and Prescribers Prevail

PEOPLE WITH SCHIZOPHRENIA

- Have 13-15 years less life expectancy¹
- Are 20x more likely to commit suicide¹
- Are 4-6x more likely to be victimized²

The estimated cost of illness was over \$280 billion in 2020³
Schizophrenia is the 15th leading cause of disability worldwide⁴

PEOPLE WITH BI-POLAR DISORDER

- Have 13 years shorter life expectancy⁵
- Have 20-30x higher risk for suicide⁶

Total estimated cost of illness was over \$195 billion in 2018⁷
Bi-polar Disorder is the 25th leading cause of disability worldwide⁴



ARREST & INCARCERATION

2 MILLION PEOPLE
with a serious mental illness
are **JAILED** annually.⁸

EMERGENCY CARE

Over 380,000 Emergency Department visits annually involved adults with schizophrenia.⁴ About 50% of these visits led to hospitalization.⁹

HOMELESSNESS

Over 1 in 5 homeless persons are living with a serious mental illness.¹⁰

People with serious mental illnesses including schizophrenia and bi-polar 1 disorder **should not have to fail first** on medications preferred by the payer. **Fail first policies** are associated with **reduced medication adherence, increased inpatient costs, and increased medical costs.**^{11,12} Fail first policies place burdens on patients and providers and undermine patient care.^{13,14}

PROPOSAL

Public and commercial health plans should be prohibited from applying fail first policies on medications approved by the FDA for the treatment of serious mental illnesses including schizophrenia and bi-polar 1 disorder.

CITATIONS (1) Hjorthøj, C. et al, 2017. Years of potential life lost and life expectancy in schizophrenia: a systematic review and meta-analysis. *The Lancet Psychiatry*, 4(4), pp.295-301. (2) de Vries, B. et al, 2019. Prevalence rate and risk factors of victimization in adult patients with a psychotic disorder: a systematic review and meta-analysis. *Schizophrenia Bulletin*, 45(1), pp.114-126. (3) Schizophrenia and Psychosis Action Alliance (2021). *Societal Costs of Schizophrenia and Related Disorders*. (4) Vos, T. et al. 2017. "Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016." *The Lancet*, pp. 1211-1259. (5) Chan JKN, Tong CHY, Wong CSM, et al. Life expectancy and years of potential life lost in bipolar disorder: systematic review and meta-analysis. *Br J Psychiatry*. 2022;1-10. (6) Miller, J.N., Black, D.W. (2020). Bipolar Disorder and Suicide: a Review. *Curr Psychiatry Rep* 22, 6. (7) Bessonova, L. et al., 2020. The economic burden of bipolar disorder in the United States: a systematic literature review. *Clinicoeconomic*s and Outcomes Research: CEOR, 12, p.481. (8) US Dept of Health and Human Services, SAMHSA. Interdepartmental Serious Mental Illness Coordinating Committee, The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers (Report to Congress), p. 1. (9) HHS. NCHS. Emergency department visits related to schizophrenia among adults aged 18–64: United States, 2009–2011. NCHS data brief, no 215. Hyattsville, MD: National Center for Health Statistics. 2015. (10) US HUD. HUD 2020 Continuum of Care Homeless Assistance Programs *Homeless Populations*. 2022. (11) Seabury, S. et al. (2014). Formulary Restrictions on Atypical Antipsychotics: Impact on Costs for Patients With Schizophrenia and Bipolar Disorder in Medicaid. *American Journal of Managed Care*, 20 (2), pages e52-e60. (12) Rajagopalan, K. et al., 2016. Review of outcomes associated with restricted access to atypical antipsychotics. *The American journal of managed care*, 22(6), pp.e208-e214. (13) Ibid. (14) Barnett, B.S. and Bodkin, J.A., 2020. A survey of American psychiatrists concerning medication prior authorization requirements. *The Journal of Nervous and Mental Disease*, 208(7), pp.566-573.