

ACCESS TO MENTAL HEALTH MEDICINES IN EXCHANGE PLANS

For many patients with mental health conditions, prescription medicines are a key component of treatment.

Antidepressants are highly effective for a range of mental health conditions, with several classes of medicines available. Clinicians generally base selections on highly individualized factors, including the patient's specific depression symptoms; a prior response to specific antidepressants (if applicable); and side effects. Other common medicines for treating mental health conditions include antipsychotics and bipolar agents. Such medicines are unique, with varying dosing patterns, rates of absorption, clearance time, drug-drug interactions, and side effects. Given the variables in identifying effective treatment, affordable coverage and access to a range of mental health medicines is critical to meeting the needs of patients with mental illness. This fact sheet offers insight into access to these medicines in the new health insurance exchanges. Key findings are primarily based on an analysis of 84 plans in the 15 states with the highest expected exchange enrollment for 2014.¹

COVERAGE AND ACCESS FOR MENTAL HEALTH MEDICINES



Exchange plans cover many mental health medicines but impose access limitations, particularly for single-source medicines.

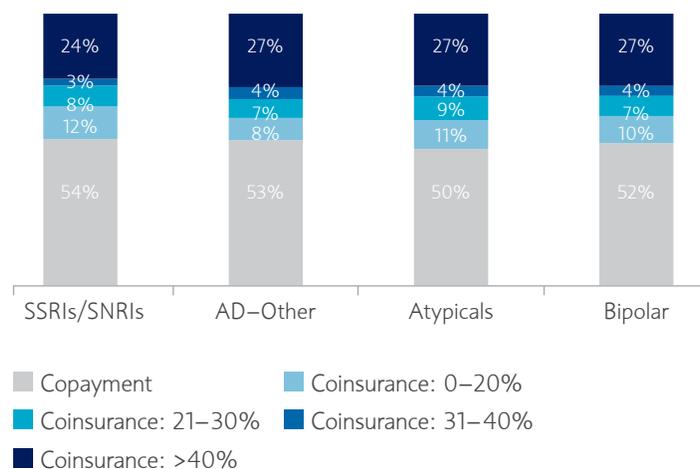
Formulary Coverage: Certain types of medicines are often excluded from the formulary.

- Exchange plans cover an average of 66% of single-source brand medicines (defined as medicines for which a generic equivalent is not available).
- The most innovative antipsychotic medicines,² however, are included on exchange plan formularies just 26% of the time.

Cost-Sharing: Medicines to treat mental health may be subject to high coinsurance.

- In approximately one-quarter of cases, silver plans in exchanges subject mental health medicines to coinsurance of 40% or higher. This is a higher rate of high coinsurance than the majority of classes of medicines included in this study.³
- Unlike most employer plans,⁴ many silver and bronze-level exchange plans apply a global deductible for both medicines and other services. Deductibles average about \$2,500 in silver plans and \$4,300 in bronze plans;⁵ these amounts must be spent out-of-pocket before any coverage for medicines is offered.
- These cost-sharing details do not reflect subsidies for enrollees with incomes below 250% of poverty; however, exchange plans have flexibility in implementing cost-sharing reductions and are not required to apply reductions to medicines.

Frequency of Copayment vs. Coinsurance by Amount for Mental Health Medicines in Silver Plans

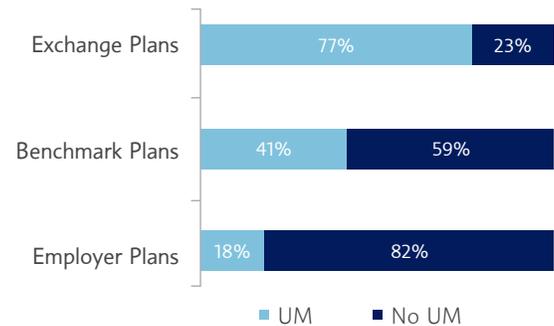


SSRIs/SNRIs: Serotonin/ Norepinephrine Reuptake Inhibitors; AD-Other: Antidepressants, Other; Atypicals: Second generation/Atypical Antipsychotics

Access Limits: Medicines are more likely to be subject to step therapy or prior authorization in exchange plans than in employer or benchmark plans.

- Across the four classes of mental health medicines, 77% of covered single-source medicines are subject to utilization management (e.g., step therapy or prior authorization) in exchange plans.
- An analysis of 2014 versions of essential health benefit benchmark formularies in 12 states found that these benchmark formularies were much less likely to require utilization management (41% of the time) for mental health medicines compared to exchange plans.
- Utilization management is also more common in exchange plans than in employer plans.⁶

Utilization Management of Mental Health Medicines



ACCESS TO SPECIFIC FORMULATIONS



Patients requiring specific formulations of single-source mental health medicines may not have access to these medicines through exchange plans.

- In addition to therapeutic considerations, specific formulations of mental health medicines may be needed for some patients. For example, fast-acting formulations may be needed to quickly stabilize a patient and ensure their safety or the safety of others. Long-term, injectable medicines may improve treatment adherence dramatically, especially for severe mental health conditions or for patients with other health challenges or social support needs.
- Even so, exchange plans are not required to cover specific formulations of mental health medicines. For example: rapidly-dissolving single-source antipsychotics are covered 58% of the time; single-source, long-acting injectable antipsychotics are covered by exchange plan formularies just 17% of the time.⁷

VARIATION ACROSS STATES



In some of the 15 states analyzed, plans appear to not be meeting benchmark minimums set by Essential Health Benefit regulations.

- Ohio has at least one plan that appears to cover fewer medicines than the benchmark in the following three classes: Serotonin/ Norepinephrine Reuptake Inhibitors, Second generation/Atypical Antipsychotics and Bipolar Agents.
- Ohio, Florida, Illinois, Georgia, and Michigan all have at least one plan that appears to cover fewer Second generation/Atypical Antipsychotics than the benchmark plan in their state. However, this class includes medicines that may be covered through the medical benefit.

¹ States selected were those expected to have the highest exchange enrollment in 2014 and included AR, CA, FL, GA, IL, IN, MI, NC, NJ, NY, OH, PA, TX, VA, WI. All plans analyzed were “silver” plans. Four USP classes of medicines were examined: Antidepressants-Other, 2nd generation/atypical antipsychotics, Bipolar Agents, and Selective Serotonin/Norepinephrine Reuptake Inhibitors

² Abilify Discmelt, Abilify Maintena, Geodon IM, Invega Sustenna, Olanzapine IM, Olanzapine ODT, Risperdal Consta, Risperdal M-Tab, Risperidone ODT, Zyprexa IM, Zyprexa Relprevv, and Zyprexa Zydis

³ Avalere analyzed 21 USP drug classes in total, including classes that treat cancer, HIV, MS, diabetes, mental health conditions, and asthma.

⁴ Kaiser/HRET Survey of Employer Sponsored Health Benefits 2013.

⁵ Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

⁶ Employer-sponsored insurance (ESI) data based on 2013 formularies from the following plans: the largest federal employee health plan (FEHBP); a large public, non-governmental, self-insured employer plan; a large, self-insured employer plan; a national carrier plan sponsored by a large employer; and a national carrier plan sponsored by a mid-size employer.

⁷ Injectable medicines may be covered under the plan’s medical benefit; however, this information may be difficult to find for consumers shopping for exchange coverage.