

Pinching prescription meds saves millions for Utah Medicaid

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Utah lawmakers had hoped to save up to \$8 million last year by steering Medicaid patients to a "preferred list" of less-expensive prescription medicines.

But the payoff was even greater: \$27.6 million in fiscal year 2011, according to new Utah Department of Health data.

What's more, fears that low-income Utahns would be denied life-saving medicines haven't proven to be true — a point underscored Thursday by Sen. Allen Christensen, who is lobbying to add the price control tool to mental health prescriptions.

"There's room for so much more savings," said the Ogden Republican, noting that antipsychotics, antidepressants and anti-seizure medications account for more than a third of Medicaid's \$175 million prescription budget.

Until now, Medicaid recipients in Utah have enjoyed almost unfettered access to mental health drugs. Those who need other prescriptions face a "preferred drug list," which guides them to safest, best and cheapest medicines. The state uses the list to press for discounts from manufacturers. Getting different drugs requires seeking a waiver.

Psychiatrists already must seek prior authorizations for some brand name and long-acting injectable therapies.

But excluding psychotropic drugs from the preferred list undermines the potential for savings, says Christensen.

This will be his third try sponsoring a bill to remove the exemption for mental health drugs. The bill is still under draft.

Mental health professionals continue to oppose the measure, fearing it will make it harder to treat an already hard-to-treat population.

"We've made a host of concessions," said Christensen, who has offered to start by adding just one class, such as antidepressants, to prove it won't harm patients. He also promises to give a share of any money saved to county mental health clinics.

Since its inception in 2008 the drug list has saved taxpayers more than \$52 million. A Pharmacy and Therapeutics Committee starts by reviewing the safety and effectiveness of a class of drugs based on published research, paying attention to a given drug's merits for certain populations.

Drugs judged unsafe or ineffective don't make the cut. The rest are forwarded to the Department of Health's Drug Utilization Review Board, which decides which to list as "preferred" based in part on negotiations for rebates with drugmakers.

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