Position Statement on Banning of Pharmacy Benefit Management Policies that Require the Provision of Dangerous Quantities of Medications

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ISSUE: 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:

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.

BACKGROUND INFORMATION: Pharmacy Benefit Management companies (PBMs) are an important entity in the healthcare system of the U.S. today. As implied by the name, PBMs serve the purpose of managing the prescription drug benefits of insured individuals, and they do this by collecting prescriptions and often filling them through mail-order pharmacies. In 2008 PBMs filled nearly 4 billion prescriptions, with half of those filled by the three biggest PBMs – Medco, Caremark, and Express Scripts (1).

A common policy of PBMs is to incentivize patients to procure 90-day supplies of medications from their physicians. This is done through price schemas that provide large savings for 90-day prescriptions. This cost savings can greatly benefit patients who are on stable doses of medications over long periods of time. As psychiatrists, it is not uncommon to prescribe our stable patients doses of medications, such as antidepressants, for years, and many of our patients ask us for 90-day prescriptions so that they can take advantage of the cost savings offered by their PBMs. However, provision of large quantities of medications at once—which would occur with a 90-day supply—is a practice that has the potential to threaten the safety of our patients.

As psychiatrists we treat patients who have disorders of mood and thought that can impair their insight and judgment, at times producing suicidal thoughts. We often use medications to treat our patients' disorders, but we are mindful that we are prescribing medications for patients who may be or become suicidal. There is always a risk that a patient could use these medications to harm himself, and the risk is elevated when large quantities of medications are dispensed.

In the U.S. suicide is the 10th leading cause of death. Someone in our country dies due to suicide nearly once every 14 minutes. On review of deaths by suicide it is apparent that nine of every ten individuals who die by suicide had mental illness at the time of their deaths, and depression is the most common. In 2009 nearly 37,000 people died by suicide, and it is estimated that one million suicide attempts were made (2). Suicide is a major public health problem, and many agencies are working to prevent the loss of life that continues to occur due to suicide every day.

Overdose on medications is a common method for suicide in the U.S. The Drug Abuse Warning Network (DAWN) reported that in 2009 nearly 200,000 visits were made to emergency rooms due to suicide attempt by overdose, or involving overdose. Among these, approximately 52,000 involved psychotherapeutic medications—36,000 involved antidepressants (including 17,500 with SSRIs), 8,300 with trazodone, 24,000 antipsychotics, and 77,600 with anxiolytics. The major nonpsychotherapeutic medications involved in suicide attempts were opioids, which were involved in about 33,000 suicide attempts, and cardiovascular medications in about 11,000 (3). The National Poison Data System (NPDS) of the U.S. reported that in the same year over 300,000 calls were made to Poison Control Centers for intentional poisonings in individuals age 13 and older. Sedatives, hypnotics, antipsychotics and antidepressants accounted for a large number of drug exposures reported to the NPDS (4).

References