

February 10, 2015

RE: HB 2421 - Mental health drugs subject to Practitioner-Managed Prescription Drug Plan

I am opposed to HB 2421.

As a pharmacist I have had the opportunity to work as a consultant pharmacist for licensed residential facilities here in Oregon. I have witnessed the dramatic, positive impact on a patient once the right medication at the right dose is administered.

I have also seen the effect of a change in a formulary and change in a resident's / patient's status – decompensation due to unavailability of a drug during the prior authorization process, the ineffectiveness of a new drug and the following decompensation and the changes in quality of life due to adverse drug reactions.

Scenarios:


Residents of treatment facilities and their prescribers must discuss the medication regimen , including goals and side effects. Then, when the attempt is made to fill the medication there may be a delay due to insurance coverage issues. What will be the impact of a 16 different formularies?

What is the impact of the continuation of a currently successful drug therapy program and that the patient is adhering to, as the patient attempts to return to his home area with a different CCO and therapy is not on formulary?

What will the impact of a patient stabilized in the state hospital system and being discharged into the community and is unable to continue the therapy due to formulary issues? Decompensation? Rehospitalization?

I have been privileged to see the success stories of patients released from the state hospital and into residential treatment facilities where they are learning the skills to live a more independent life. It would be tragedy for these efforts to be compromised due to the complexity of 16 different drug formularies.

Thank you,


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