

## Mental Health Medications and the Medicare Prescription Drug Benefit

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**O**n June 10, 2005, the Centers for Medicare and Medicaid Services (CMS) released written guidance indicating that “all or substantially all” of the drugs in the antidepressant, antipsychotic, anticonvulsant, anticancer, immunosuppressant and HIV/AIDS categories must be included on Medicare prescription drug formularies. In addition, special protections should be provided to individuals who have been stabilized on medication in these categories, and they should be able to continue using those medications without interruption. These policies will provide important protections for people using medications in these classes and clearly demonstrate that NMHA’s ongoing communication with CMS staff has improved critical aspects of the new Medicare drug benefit. Key highlights of this new guidance include:

- “All or substantially all” drugs in the six categories listed above must be included in Medicare formularies.
- “Substantially all” means all drugs in these categories are expected to be included with several specific exceptions.
- Plans should not use management

techniques such as step therapy or prior authorization for individuals already using medications in these categories, except in extraordinary circumstances.

- Plans *may* use prior authorization or step therapy for beneficiaries when they begin medications in these categories, except for HIV/AIDS drugs.

This guidance demonstrates a significant improvement in public policy and a more sophisticated understanding of the complexities of treating individuals with chronic conditions like mental health disorders.

However, the exceptions to the “all or substantially all” policy raise some concerns. One exception states that either escitalopram (i.e., Lexapro) or citalopram (i.e., Celexa) may be included on Medicare formularies, but both are not required. In addition, CMS will “not require that multi-source brands of the identical molecular structure be included, that extended release products be included, or that all dosages be included.” These exceptions undercut the very purpose of this guidance designed to accommo-

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### Contact Information

Washington Psychiatric Society  
3615 Wisconsin Ave, NW  
Washington, DC 20016  
Tel. 202-244-7750  
Fax 202-244-6110  
Email [whill@wdcpsych.org](mailto:whill@wdcpsych.org)  
[rpolley@wdcpsych.org](mailto:rpolley@wdcpsych.org)  
Web [www.dcpsych.org](http://www.dcpsych.org)  
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WPSNet to post a message: [wpsnet@live.megapipe.net](mailto:wpsnet@live.megapipe.net)

**American Psychiatric Association**  
1000 Wilson Blvd. Ste 1825  
Arlington, VA 22209  
Tel. 703-907-7300  
Email [apa@psych.org](mailto:apa@psych.org)  
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# The President's Column



## Who We Are: What We Do: Why It Matters

By David H. Fram, MD, President

I'd like to take this opportunity to thank the membership for entrusting me with this leadership position in the Washington Psychiatric Society. As your president, I will endeavor to provide the leadership required for us to deal with the challenges we face.

We are all aware of the problems we face in validating our work to the public at large and to other medical specialties. Although psychiatrists are best qualified to provide both the medical and psychological aspects of treatment, psychotherapy has increasingly become the purview of other mental health workers; psychopharmacology is often provided by non-psychiatrists. While this marginalization of psychiatry has been encouraged by managed care, we have also not been successful in educating the public and our non-psychiatrist colleagues about what psychiatrists have to offer. Just in recent weeks we have encountered adverse publicity on two fronts—one, a series of articles in the *Washington Post* that focused on subjective bias among psychiatrists and in the mental health field as a whole; and the other, a TV interview of a well known actor who rejects the whole idea of mental

illness and psychiatric treatment.

Our organization needs to play a leadership role in advocating for our patients and for the psychiatric profession. We have been fortunate to have had leadership in recent years that has helped in the development of this role. While there have been many members who have contributed to this, I want to thank in particular our immediate past president, Rod Drake, and his predecessor, Jeff Akman for their major effort in developing WPS governance. With an active executive committee now in operation, we are better able to organize and implement our ideas and work closely with our staff.

I believe that this organization has a lot to offer its members and the patients that they serve. Membership and participation allow for an exchange of ideas and development of perspectives that benefit each of us and our patients. In our ever more complicated profession, such sharing of views can help us develop positions that are well thought out and have sufficient merit to have an impact on the community we serve.

Again, thank you for your trust. I look forward to a meaningful and interesting year as your president. ■



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# Suburban Maryland Chapter Allies with Other Healthcare Professional to Revise Maryland Child Abuse Reporting Laws

by Shira Rubinstein, MD, SMPS Secretary/Treasurer

In its last three sessions the Maryland General Assembly has sought to pass legislation that would criminalize psychiatrists and other health professionals for failure to report child abuse. Maryland is one of only four states without such a provision. The bill is a well-meaning, albeit highly misguided, attempt to further safeguard our children.

The bill, designated HB 845 and SB 106 in the 2005 General Assembly session, as currently drafted is deeply flawed. It poorly defines the criteria for urgency and reporting. In 1993, Maryland's Attorney General wrote an official statement

which contained the premise that all abuse, no matter when it happened, should be treated with equal urgency. Laws of this type in other states are quite specific saying that mandatory reporting on child abuse applies only to alleged abuse against those who are currently children. The Maryland provision draws no distinction between, for example, abuse that happened two hours ago and alleged abuse that happened 30 years ago, where the alleged abuser is deceased. This creates an undue burden on patients, clinicians and Child Protective Services (CPS) workers and takes away resources to investigate current allegations of abuse.

In addition, the 2005 bill was flawed because it was based on the premise that child abuse is going undetected and undeterred because mandated reporters are failing to report. As psychiatrists practicing in Maryland we must ask, what proof is there to support this premise? What study pinpoints the reasons children are not being protected? Are there enough CPS workers, enough mental health clinics, enough quality daycare and respite care centers, or enough in-home help and parenting classes for struggling parents? Is there enough education and support for us, the

*Continued on page 6*

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# WPS Members Acti Continuing Medical Educati



At the Alexandria Democratic Party's Jefferson/Jackson dinner on June 19, WPS Northern Virginia members met with a number of elected leaders from the region and state. Here, L-R, WPS Executive Director Walter Hill, Northern Virginia Legislative Rep, E.J. Pepper, MD and Northern Virginia Chapter Chair Eric Steckler, MD spend a moment with State Senator Richard Saslaw (D-Fairfax/Alexandria), [second from right] Sen. Saslaw authored legislation in 2005 that increases insurances carriers' obligation to disclose all bundling and coding practices. The legislation (SB 1106) passed both houses of the General Assembly.



Alexandrians were honored to have Gov. Mark R. Warner. Here Gov. Warner and Dr. Steckler share a moment at an event earlier in the week.



Mr. Hill and Dr. Pepper flank Delegate Brian Moran (D-Alexandria) at the dinner. WPS was pleased to present Del. Moran with a check from the PsychMD PAC, the political action committee supported by psychiatrists throughout the commonwealth.



WPS CME Committee Brings in Top Researchers – Pictured here David Henderson, MD of Harvard Medical School discusses “Ethnopsychopharmacology” at the WPS April 25 CME dinner and program at Maggiano’s in Washington. Dr. Henderson’s presentation enabled attendees to better understand the safety and tolerability of psychotropic agents on different ethnic populations; enabled us to demonstrate knowledge of population-based differences in the response and metabolism of psychotropic medications; and enabled us to better understand ethnopharmacologic approaches to safely treat diverse patient populations. On June 22, at Tragara’s in Bethesda, Kelly Cozza, MD of Washington presented “Drug Interactions in Psychiatry: Focus on Antidepressants.” Dr. Cozza is our WPS colleague and a leading expert in this area. Dr. Cozza’s talk enabled participants to better understand the importance of drug-drug interactions in current psychiatric practice, gain an understanding of pharmacokinetics and drug-drug interactions, predict drug-drug interactions with commonly used antidepressant and antipsychotic medications, and increased our knowledge of where to research possible drug-drug interactions.

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# ve in Government, on and Society Leadership



*The Transition of Power – Outgoing WPS President F Rodney Drake, MD (L) passes the gavel to incoming President David H. Fram, MD at the June 13 Board of Directors meeting.*



*New members of the Board of Directors include L-R, James Griffith, MD, Director; Kavitha Rao, MD, Early Career Rep, Neeraj Gandota, MD, MIT Rep from Howard, and Husseini Manji, MD, Director*



*Minority Recruitment Project – WPS with a grant from the American Psychiatric Foundation has launched a program to recruit minority medical students into psychiatry residencies. In several events throughout the year, students from Howard, George Washington and Georgetown medical schools have heard from WPS members in a variety of practice settings talk about their lives as psychiatrists, participated in a case conference led by Jan Hutchinson, MD. Here WPS member Walter Bland, MD of the Howard psychiatry faculty talks with a medical student at our June meeting, where he led a discussion on the needs of underserved populations in the United States.*



*Lt. Governor Tim Kaine (right), Democratic nominee for governor in this year's election makes a point to Dr. Pepper.*

# Virginia PAC Closing in on Year One Goal

By Cal Whitehead, NoVA/PSV  
Lobbyist

PsychMD PAC is only \$400 short of our first year goal of \$7500. Virginia psychiatrists use PsychMD PAC to increase awareness of issues that impact psychiatric medicine and patients. In a crowded political environment, it is increasingly important to support candidates who share our commitment to a better mental healthcare system.

Forty of your colleagues throughout Virginia have generously contributed to the PsychMD PAC and actively participated in our advocacy efforts. Northern Virginia Chapter members may use the PAC contribution form received by mail in June to make contributions to our Political Action Committee.

Please mail contributions to:

PsychMD-PAC  
707 East Franklin Street, Suite C  
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\*\*contributions are not tax deductible\*\* ■

## Childcare from page 3

mandated reporters who take our hearts in our hands, take a deep breath and pick up that phone when we must? Why is the threat of the loss or suspension of our licenses and the threat of a civil suit not punishment enough for failure to do our duty? This bill was rightly defeated because it provided no true answers and created only further intolerable burdens on patients, treatment providers and the system.

Fortunately, as in prior years, the bill failed in 2005. In an effort to help create a more constructive and sensible piece of legislation, members of the Suburban Maryland and the Maryland Psychiatric Societies, along with Franklin Goldstein, JD, our esteemed lobbyist, Ms Judy Jacobson, MPS' terrific executive director, Ms Carolene McKinnon, a nurse therapist and I are banding together to approach various mental health groups, nurses, pediatricians and legislators to gain insight, perspective and ultimately the desired legislation, itself.

I am excited, though a bit daunted, by this proposed enterprise. I am so grateful to very knowledgeable and committed MPS colleagues, Steve Daviss, MD, Andrew Angelino, MD, Phil Dvoskin, MD Scott Hagaman, MD, and Brian Zinitsky, MD who have joined me in working to bring about legislation that protects both our children and mental health professionals. ■

## Medications from page 1

date the varying responses to medications for people with these six chronic health conditions. For some individuals, Lexapro and Celexa have differing side effects which can have a profound effect on whether an individual is able to continue treatment. Extended release products are necessary to enable some individuals to tolerate the side effects of psychiatric medications that can be debilitating for some.

For more information, visit <http://www.nmha.org/federal/MedicarePrescriptionDrugBenefit.cfm>



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## MEETING NOTICES

September 24, 2005,  
5:00 - 6:30p.m., Speaker, Cordelia Schmidt-Hellerau, Ph.D., “Surviving in Absence: On the Preservative and

Death Drive”. Sponsored by the Baltimore Washington Society for Psychoanalysis, [www.bwanalysis.org](http://www.bwanalysis.org) or call 410-792-8060 or 301-470-3635.

The seminar “I, Too, Sing America: Culturally Informed Psychotherapeutic Practice” will be presented October 15 and 16 at the Baltimore Washington Center for Psychoanalysis, from 9:00 a.m. to 4:30 p.m. Marilyn Martin, MD, MPH, will lead the seminar. Dr. Martin is a public health physician with a practice of psychiatry and psychoanalysis in Baltimore; she lectures nationally on issues of cultural diversity, spirituality, and mental health literacy. Registration is \$150. Participants will be eligible for 12 CEUs /12 CMEs. For more information see [www.bwanalysis.org](http://www.bwanalysis.org) or call 310-470-3635 or 410-792-8060. ■

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