

Meadows Mental Health Policy Institute

Jail Formulary Review – September 2016

Background

As a result of concerns expressed by Texas sheriffs regarding the provision of appropriate psychotropic medication in Texas jails, the Meadows Mental Health Policy Institute (MMHPI) investigated the status of selected jail behavioral health medication formularies, comparing them to one another and to the state formulary created by the Department of State Health Services (DSHS) for use in state hospitals.

Methodology

MMHPI requested information on jail formularies from small, medium, and large-sized jails across the state, in varying geographic areas. Jail size was determined through DSHS' county designations.¹ MMHPI engaged a board certified psychiatrist (dual certified in addiction medicine) to compare these formularies to the DSHS state mental health hospital formulary. A further review was completed to determine the availability and variability of multiple behavioral health care medications as well as cost.²

Findings

The findings are outlined in the attached spreadsheet. Key findings are as follows:

- There was significant variability in the availability of medications in different jails, based on local decision-making.
- Almost no jails offer the same array of medications as is available in state hospitals.
- Interestingly, the lack of availability of medications does not seem to be directly related to the cost of medications. While the most expensive medications are usually not included in jail formularies, a number of jails omitted common medications that are relatively inexpensive and included other medications that are less common, yet costlier. For example, a small urban county included a very expensive antipsychotic (asenapine) in its formulary but did not include any of the several inexpensive and non-addictive medications that might be helpful for attention deficit hyperactivity disorder, such as atomoxetine. A large urban county omitted the common antipsychotic quetiapine but included several antipsychotics rated as more expensive. Conversely, a rural county, which omitted some very important antipsychotics (such as clozapine, which is not highly expensive), included quetiapine. Another small urban county

¹ For more information, see: <https://www.dshs.texas.gov/chs/hprc/counties.shtm>

² Cost ratings were obtained from DSHS formulary and were not independently confirmed with pharmaceutical companies. Note that cost ratings may change over time. The attached spreadsheet contains a few medications that are provided in both brand and generic form and will contain a corresponding high and low cost rating.

included lurasidone, one of the most expensive antipsychotics, but excluded clozapine, even though clozapine is the one medication that is specifically intended for individuals who do not respond to first-line treatment.

- Jails that have formularies managed by their hospital districts tend to have greater medication availability than those that do not. However, even those managed by hospital districts had gaps in their formularies.
- In some jails, certain medications were not used due to their abuse potential. However, these same medications were on formulary in many other jails. This indicates arbitrariness and inconsistency in the jail management of medications needed by some inmates, even though these medications may be inappropriate or misused by others.
- Surprisingly, there were key omissions across all settings, mostly in relationship to medications for the treatment of substance use disorders. This is important given the health risks and outcome risks attached to comorbidity, and the opportunity for the jail to be a site for the provision of effective treatments that promote better outcomes for potentially life-threatening conditions (e.g., opioid addiction).
- Only two facilities made provision for medications to specifically target or reduce nicotine craving and help with the discontinuation of smoking.

Recommendations

Action is needed to improve the basic standard of access to psychotropic medication for inmates with serious behavioral health needs. We recommend the following for consideration:

- Require all jail formularies for behavioral health medications to be made public, updated annually, and made available to psychiatric inpatient and crisis providers serving those jails.
- Encourage all hospitals, both state-run and local, to develop local agreements with jails they discharge patients to in order to facilitate coordination between differencing formularies.
- Require the Texas Commission on Jail Standards to create a joint purchasing arrangement for medications through competitive bid (e.g., a Texas jail network pharmacy) whereby local jails could opt to participate, either individually or collectively. The goal would be to obtain price discounts for psychotropic medications in the state-approved formulary, prescription assistance program application management, and price monitoring. State costs would be minimal (e.g., contract monitoring staff) as the program costs would be covered by participating jails through their existing pharmacy contracting funds.