Several new antidepressants, antipsychotics and sleep agents have recently worked their way into the behavioral health armamentarium. This continues to be a lucrative market¹ as drug reps visit primary care physicians to peddle brand name medications with claims these new agents work on different neuroreceptors that will provide better and more robust treatment options for patients with behavioral health disorders. While there has been excitement about discoveries such as ketamine’s rapid antidepressant qualities² and other research that formulates depression as an inflammatory state³ rather than solely a deficiency in serotonin or other catecholamines, I am finding there is not a lot new in this area. I am pleased that Cymbalta (duloxetine) has recently gone generic (though still a fairly expensive generic for now), and I continue to see no clear evidence that newer agents designed to treat several behavioral health problems such as depression, schizophrenia, bipolar depression and insomnia are any better than the much more affordable generics. Let’s take a closer look.

Brintellix (vortioxetine), Fetzima (levomilnacipran), Viibryd (vilazodone) and Pristiq (desvenlafaxine) are relatively new agents that have been approved by the FDA for the treatment of Major Depressive Disorder. While there is some data to suggest these medications work better than placebo in the relatively brief trials that are generally necessary to gain FDA approval⁴,⁵,⁶,⁷, I can find no clear evidence that they work significantly better than other available generic antidepressants such as fluoxetine (Prozac), sertraline (Zoloft) or escitalopram (Lexapro), all of which have been studied in comparison trials⁸. How can a provider then justify spending well over $2,000 a year for one of the new, brand name antidepressants for one patient when that same patient could be treated with a generic antidepressant that is just as effective and has an annual cost of approximately $48? The drug reps may tell you that the co-pays are low and they have cost saving discount cards readily available to help patients, but the rest of the costs of that medication beyond the co-pay is paid for by either taxpayers (if patients have Medicaid or Medicare) or through private insurance companies who will transfer that cost into higher premiums for those who can afford insurance. Discount cards are often a lure to get patients attached to expensive new medications though they will eventually have to pay higher co-pays or higher premiums once the benefits of those discount cards expire. Why not start with an affordable, evidence-based alternative?
treatment that saves the patients and taxpayers money from the very beginning? It’s a no-brainer!

This same philosophy is true for other new behavioral health medications that have recently come out, whose only true difference from traditional, affordable generic medications is their high cost and fancy packaging. Latuda (lurasidone) claims to be a novel treatment for bipolar depression, among other things, though I’ve come across little evidence showing it’s better than affordable mood stabilizers and antidepressants. Adasuve (loxapine) is an inhaled medication for acute agitation in adults with schizophrenia or bipolar I disorder, though I have a hard time remembering the last time I attempted to get an agitated patient to inhale a medication as opposed to taking a pill or receiving an intramuscular injection. Generic loxapine is very cheap, so how its powdered form can boast better treatment justifying its exorbitant costs is hard to understand. Fanapt (iloperidone), Saphris (asenapine), and Invega (paliperidone) are ‘newer’ antipsychotics/dopamine blockers, however, I’ve found no clear evidence of them being even modestly better than affordable, generic antipsychotics like risperidone (Risperdal) or olanzapine (Zyprexa). Certainly drugs like the ever-popular Abilify cannot be justified at an expense of $8,000-$10,000 a year for one patient, when a generic can work just as well for about $50 a year.

The Affordable Care Act, which seeks to expand treatment coverage for many patients who could not afford nor access health care before, will quickly not be ‘Affordable’ unless we clinicians take immediate steps to stop prescribing expensive, nicely packaged, and well detailed brand-name medications. Let’s get back to the business of helping our patients, our state and our nation provide truly sustainable and affordable healthcare through the use of currently available, evidence-based and effective generic medications.

References:

Medications to help people improve sleep have increasingly become a good market in which drugmakers want to invest. Lunesta (eszopiclone) may indeed help you sleep better, though you may stay awake some nights wondering whose tax dollars or insurance premiums are paying $300 a month to help you sleep better when numerous generics are available at a fraction of the price. Even the old tried and true (and very affordable) sleep aids like trazodone and doxepin have been nicely remodeled and repackaged as Oleptro and Silenor, respectively, though at a cost of hundreds of dollars per month. Where is the logic in that? And does the liquid form of methylphenidate (Quillivant XR) really justify the high cost?

Behavioral Health Resource Corner:

- Cape Fear HealthNet is creating a coordinated system of care for the uninsured in Brunswick, Columbus, New Hanover, and Pender Counties. To learn more about Cape Fear HealthNet go to www.capefearhealthnet.org or call 910-399-2751.
- Peter G. Koval, PharmD, BCPS, CPP, and his associates from the Cone Health Family Medicine Residency Program have compiled a list of 2014 Prescription Discount Plans and Discount Card. These $4 medications are especially helpful for our uninsured population, and include many behavioral health medications. Please note, prices may change at any time and these lists are not comprehensive:
  - 2014 Prescription Discount Plans
  - 2014 Discount Card