



# Ryan White HIV/AIDS Program ADAP Formulary Coverage of Mental Health Treatment

March 2020

This fact sheet outlines how the Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Program (ADAP) in the states and territories (from here on referred to as ‘ADAPs’) can support access to mental health treatment medications and related services for the clients they serve. It also provides information on medication classes that may be particularly beneficial for ADAPs to cover in their formularies to support clients’ mental health treatment.

## Mental Health Treatment Needs among People with HIV

[Mental health conditions disproportionately impact people with HIV](#), posing challenges in terms of the overall effectiveness of their HIV care and treatment as well as their broader health. Mental health is one of the [strongest predictors of adherence to care](#). Access to mental health treatment is associated with improved linkage to care, adherence to antiretroviral medications (ARVs), and in turn, viral load suppression and improved health outcomes. General anxiety disorders occur in people with HIV at [eight times](#) the rate of the general population, while rates for depression are [twice as high](#) as in the general population. Post-traumatic stress disorder (PTSD) [occurs in between 35% and 64% of people with HIV](#), despite impacting only four percent of women and two percent of men in the general population. Additionally, [older people with HIV](#) are more likely to experience mental health and neurocognitive impairment than their HIV-negative counterparts.

The [neurological impacts of HIV](#) itself, the side effects of ARVs, and structural factors (e.g., poverty, unstable housing, food insecurity, difficulties with accessing treatment, social isolation and limited social support, and vocational challenges) can all contribute to mental health conditions observed among people with HIV. [Up to 95%](#) of people with HIV reported experiencing one or more stressful or traumatic life events. The disproportionately high prevalence of trauma could contribute to the higher rates of mental health conditions in people with HIV, including PTSD, which occurs in people with HIV at [nine to 16 times](#) the rate of the general population.

[Studies have shown that those with mental health conditions – including depression, anxiety, bipolar disorder, and psychosis – are more likely to experience poorer adherence](#)

[to care and treatment, reduced quality of life, and worse health outcomes than those without.](#) As such, access to mental health treatment medications and related services may improve HIV-related and non-HIV-related health outcomes among people with HIV. [Mental health services, including a combination of treatment and/or medications, have been shown to reduce depression and anxiety, improve quality of life and psychological well-being, and increase utilization of ARV treatment among people with HIV among people with HIV.](#)

Medications for mental health conditions require a prescription and regular monitoring by a physician, including monitoring the potential for contraindications and significant interactions requiring dose adjustments when used with ARVs. As such, greater access to mental health care and services could maximize the effectiveness of these medications. **ADAPs should work in concert with other stakeholders, including RWHAP recipients and providers, to ensure comprehensive access to mental health treatment medications and related services for their clients who need them.**

## Use of RWHAP Part B and ADAP Funds to Expand Access to Mental Health Treatment

Beyond the provision of ARVs, ADAPs play a critical role in supporting the availability of medications for many co-morbid conditions that may impact people with HIV, including mental health treatment medications (e.g., antidepressants, antipsychotics, mood stabilizers, anti-anxiety medications, and psychostimulants). While, as of [December 2019](#), 49 ADAPs covered one or more of the most frequently prescribed FDA-approved mental health treatment medications on their formularies, there is the opportunity for ADAPs to expand the number and type of mental health treatment medications they make available for their clients.

The [National HIV/AIDS Strategy for the United States: Updated to 2020](#) includes support and strengthening of mental health treatment services in an effort to reduce HIV transmission, increase access to care, and improve health outcomes. Per Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) 16-02, RWHAP funds can be used to provide comprehensive support to eligible clients in accessing a wide range of such treatment and care as part of the Mental Health Services core medical service category. In the [2019 NASTAD National RWHAP Part B and ADAP Monitoring Project Annual Report](#), RWHAP Part B programs reported more than [15,000 RWHAP Part B program clients](#) (or 6% of all clients served) received support from the Mental Health Services, service category during calendar year 2017, with expenditures totaling more than \$6 million (or .015% of the total core medical services expenditures). This suggests that there are opportunities for RWHAP Part B programs to expand the availability of Mental Health Services to the clients they serve. [Mental Health](#)

[Services can include outpatient screening, assessment, diagnosis, treatment, and counseling for people with HIV who are eligible to receive RWHAP services.](#)

The effectiveness of mental health counseling and treatment medications may also be bolstered when coupled with activities such as HIV support groups and bereavement counseling funded through the RWHAP Psychosocial Support Services service category. [Studies show](#) that support systems can improve adherence to medications (e.g., ARVs, mental health medications) and improve mental health.

### [The Impact of Health Insurance Policy on Mental Health Treatment Access](#)

The [Mental Health Parity and Addiction Equity Act of 2008](#) ensures that financial requirements (e.g., co-payments, deductibles) and treatment limitations (e.g., visit limits) for mental health or substance use are no more restrictive than those for all other medical and surgical benefits. The Affordable Care Act (ACA) built on the Parity Law by requiring coverage of mental health and substance use disorder benefits in the individual and small group markets and expanding parity requirements to those with coverage that did not previously comply with those requirements. For RWHAP ADAP clients enrolled in qualified health plans (QHPs), this presents an opportunity to access a comprehensive array of services necessary to receive holistic care and to successfully achieve viral load suppression.

## Mental Health Treatment Medications

RWHAP Part B programs and ADAPs can address a number of mental health conditions commonly experienced by people with HIV and respond to the needs of clients through RWHAP ADAP formulary coverage of mental health treatment medications and through other allowable [RWHAP Part B service categories](#). The following are select medication classes that NASTAD has identified as being beneficial to people with HIV experiencing mental health conditions.

Importantly, many antidepressants, antipsychotics, mood stabilizers, anti-anxiety medications, and psychostimulants can interact with ARVs, which can increase the risk of psychotropic medication side effects or decrease their effectiveness. Avoiding contraindicated drugs and adjusting doses to compensate for known interactions may be necessary.

**Anti-anxiety medications:** As noted above, people with HIV are [significantly more likely](#) than the general population to experience general anxiety disorders. Importantly, anxiety is associated with [lower rates of retention in care](#) among people with HIV. Anti-anxiety medications [can help reduce the symptoms of anxiety](#) (e.g., panic attacks, extreme fear and worry). For more detailed information on the different anti-anxiety medications, please view this resource [here](#).

**Antidepressants:** As previously stated, people with HIV are [disproportionately impacted by depression](#) as compared to the general population. As well, research indicates that [depression can negatively impact people with HIV's adherence](#) to ARV treatment and, in turn, viral load suppression. Antidepressants, in combination with behavioral health services, [may be effective in managing depression](#) among people with HIV. While antidepressants are commonly used to treat depression, they may also be used to address other conditions (e.g., anxiety, pain and insomnia). There are several different classes of antidepressants, the most common of which include selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). Different antidepressant medications may benefit different individuals for reasons that are [not well understood](#) but that may include the efficacy of the medication itself or possible adverse side effects. In addition to how they work to treat depression and other conditions, [antidepressants vary](#) in terms of how long they remain in the body, how they are metabolized, and how much they interact with other medications. For that reason, **ADAPs should consider including multiple antidepressant medications and classes in their formularies to ensure a robust array of options are available to clients in effectively treating depression or other conditions that may be effectively managed with antidepressants.** For more detailed information on the different antidepressant classes and medications, please view this resource [here](#).

**Antipsychotics:** Antipsychotics are [primarily used to manage psychosis](#) (i.e., conditions that affect the mind and in which there has been some loss of contact with reality, including delusions and/or hallucinations). They may also be used in combination with other medication types to treat dementia, bipolar disorder, attention-deficit hyperactivity disorder (ADHD), severe depression, eating disorders, PTSD, obsessive compulsive disorder (OCD), and generalized anxiety disorder. Similar to antidepressants, there are different classes of antipsychotics. Every individual may respond differently to each antipsychotic class or medication. As such, **ADAPs should consider the inclusion of multiple antipsychotic medications in their formularies.** For more detailed information on the different antipsychotic classes and medications, please view this resource [here](#).

**Mood stabilizers:** Mood stabilizers, also frequently referred to as antimanic agents, are used primarily to treat bipolar disorder and mood swings associated with other mental health disorders. They may also be prescribed to treat depression (usually in combination with an antidepressant), schizoaffective disorder, and impulse control disorders. Some anticonvulsant medications may also be used as mood stabilizers. Research suggests that people with HIV face a [greater prevalence of bipolar disorders](#) than the general population and that bipolar disorders are associated with [nonadherence to treatment among people with HIV](#). This may be due to the [unique challenges](#) faced by those impacted by bipolar disorder, including mood fluctuations, housing instability, and poor adherence to psychiatric medications. For more detailed information on the different mood stabilizers, please view this resource [here](#).

**Psychostimulants:** Psychostimulants [improve focus, increase attention and decrease hyperactive behaviors in adult and children living with ADHD](#). They may also be prescribed to manage other conditions (e.g., narcolepsy, depression). Research has shown [significantly higher rates](#) of substance use disorders among individuals living with ADHD, with earlier onset and more severe substance use reported as well as worse outcomes in treatment (e.g., relapse). As such, psychostimulants may be helpful in managing an underlying mental health condition as part of broader substance use treatment. Of note, psychostimulants and other medications used to treat ADHD may interact with some ARVs.

### Resources

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- [NASTAD \(National Alliance of State & Territorial AIDS Directors\)](#)
  - [NASTAD – Health Care Access](#)
  - [National Ryan White HIV/AIDS Program \(RWHAP\) Part B and ADAP Monitoring Project Annual Report](#)
  - [National ADAP Monitoring Project Formulary Database](#)
- [Food and Drug Administration](#)
- [HRSA HIV/AIDS Bureau](#)
- [HRSA TARGETHIV](#) – technical assistance for the RWHAP community
- [Ryan White HIV/AIDS Treatment Modernization Act](#) (2009)
- [U.S. National Library of Medicine](#) (Drug Information and Research)
- [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)
  - [Implementation of the Mental Health Parity and Addiction Equity Act](#)
- The Center for Consumer Information & Insurance Oversight (CCIIO) – [The Mental Health Parity and Addiction Equity Act](#)

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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March 2020