



AB 3285 (Irwin) Medi-Cal: antipsychotic drugs.

SUMMARY

AB 3285 will improve access to crucial antipsychotic drugs for Medi-Cal patients with Severe Mental Illnesses (SMI) by removing unnecessary barriers.

BACKGROUND

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services (DHCS), to provide health care services to qualified low-income Californians. Existing law also considers prescription drugs as a Medi-Cal benefit, making the medications subject to prior authorization, which requires a doctor to ask for approval before the drugs are covered. In addition, the medications are subject to a 6 drugs per month limit and additional approval before obtaining an early drug refill.

Antipsychotic drugs are used to reduce or relieve symptoms of psychosis that can occur in individuals with bipolar disorder, depression, and schizophrenia. These medications can be essential for an individual with SMI to avoid disruptions in their every-day activities, making it important for these patients to adhere to their recommended drug regimens.

NEED FOR BILL

Multiple studies have highlighted access problems among patients who need antipsychotic drugs and the consequences of not addressing the issue. A study of 10 state Medicaid programs comparing drug access problems among psychiatric patients found patients who experienced treatment access problems were 360% more likely to experience a negative outcome including emergency visits, hospitalizations, homelessness, suicidal ideation, or incarceration. In California, the study found that 57.9% of patients with a psychiatric diagnosis experienced an access problem leading to a negative outcome¹.

Revising access restrictions to mental health drugs could help address homelessness in California. A 2014 study of treatment adherence among individuals experiencing homelessness found that refill non-adherence rate was 47.1% for psychiatric

medications. Non-adherence rates for individuals experiencing homelessness were higher with drugs used in schizophrenia, with around 70% of individuals unable to follow their regimen². To prevent negative outcomes and provide greater support to individuals experiencing homelessness, the state must revise the existing process Medi-Cal patients navigate to obtain antipsychotic drugs.

THIS BILL

AB 3285 makes the following four changes:

- Prevents prior authorization from being required for antipsychotic medications for treatment of SMI for 365-days after the initial prescription is dispensed and creates a 365-day “look back” period for antipsychotic medications for treatment of SMI.
- Exempts antipsychotic medications for treatment of SMI from the 6 prescription per month limit.
- Allows early refill for lost or stolen antipsychotic medications for treatment of SMI and for an early refill for prescriptions with less than 7 days of therapy remaining for antipsychotic medications for treatment of SMI.
- Allows a 90-day supply of an antipsychotic medication for treatment of SMI, if the patient is over age 18, has met prior authorization, step therapy or fail first requirements, and has filled a 30-day supply of the prescription in the previous 90 days

SUPPORT

California Access Coalition (Sponsor)

OPPOSITION

None registered.

CONTACT

Lucia Saldivar
Office of Assemblymember Jacqui Irwin
(916) 319-2044
Lucia.Saldivar@asm.ca.gov

¹ West, Joyce C., et al. “Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States.” *Psychiatric Services*, 13 Jan. 2015, ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601#i0713.

² Unni, Elizabeth J., et al. “Medication Non-Adherence in the Homeless Population in an Intermountain West City.” *INNOVATIONS in Pharmacy*, vol. 5, no. 2, Jan. 2014, doi:10.24926/iip.v5i2.342.