



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

### SUMMARY

AB 3285 will improve access to crucial antipsychotic drugs for adult 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 physician to ask for approval before the drugs may be dispensed. Often, this requirement extends to refills of medications even though the prescriber has not made any changes in the prescribing. . 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 outcome<sup>1</sup>.

Revising prior authorization requirements to mental health drugs to ensure that such restrictions have clinical value will reduce the incidence of these patients suffering a mental health crisis, which often lead to hospitalizations, homelessness and worse. . 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 regimen<sup>2</sup>. 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.

Data from Medi-Cal indicate this vulnerable population struggles to refill their antipsychotic prescriptions. Data from the Prospective Drug Utilization Review Alert Transactions system for the 4<sup>th</sup> quarter of 2019, show that of the 64,140 alerts providers received related to underutilization (late refill) of an Rx, nearly 80% of those alerts were for mental health drugs, mostly antipsychotics. This means patients who have already cleared the prior authorization process to obtain the antipsychotic their provider prescribed, they are then struggling to refill their medicine.

Because refilling needed medications is particularly difficult for this vulnerable population, this bill is narrowly focused on the ambulatory population over the age of 18 who have already received a first prescription for an antipsychotic. The existing Medi-Cal program rules, alerts and clinical guidelines related to medication interactions with certain drugs and antipsychotics, concomitant use with anticholinergic medications, restrictions on prescriptions for patients under 18 years of age, and

<sup>1</sup> 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#it07t3.

<sup>2</sup> 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.



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for patients over 65 years of age who reside in skilled nursing facilities, will not be altered by this bill.

### **THIS BILL**

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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**

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California Access Coalition (Sponsor)

### **OPPOSITION**

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None registered.

### **CONTACT**

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

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