## Bill Summary

AB 2467 would require coverage for treatment of menopause symptoms, including but not limited one particular drug and multiple bill-identified therapeutic categories of drugs.

## Context

Menopause is part of the normal aging process. Perimenopause is the period of 1 to 3 years when menstruation becomes irregular, and menopause is when menstruation has ceased for 12 consecutive months. During the menopause transition, the ovaries produce less estrogen and progesterone as they stop releasing eggs. The decrease in the hormonal levels may lead to moderate to severe symptoms prompting requests for treatment.

## Insurance Subject to the Mandate

AB 2467 would apply to the health insurance of approximately 22.3 million enrollees (58.6% of all Californians)

- Medi-Cal (DMHC Regulated)
- CDI and DMHC Regulated (Commercial and CalPERS)

## Analytic Approach

Although a greater number of enrollees are in plans and policies regulated by DMHC or CDI, and so subject to AB 2467, CHBRP has assumed that only outpatient pharmacy benefit coverage that is currently regulated by DMHC or CDI would have to comply. Therefore, impacts would be expected among only 13,162,000 enrollees. CHBRP has also assumed that coverage of at least one drug per therapeutic category would be compliant.

## Benefit Coverage

At baseline, 13,162,000 enrollees have an outpatient pharmacy benefit regulated by the DMHC or CDI. Among them, at baseline, 7% have coverage for fezolinetant and 15% have coverage for ospemifene. For other drugs and categories, baseline coverage ranges from 92% to 100%. Postmandate, coverage for these drugs and categories would be 100%.

## Utilization

As current utilization for both is nearly entirely as a noncovered benefit, the increase in benefit coverage would increase utilization for fezolinetant (231%) and ospemifene (187%). Utilization of other drugs and treatments would increase in proportion to the increase in benefit coverage.

## Medical Effectiveness

There is a preponderance of evidence for the effectiveness of fezolinetant as well as ospemifene, and limited evidence for the effectiveness of high dose vaginal estrogen. More broadly, commonly referenced clinical guidelines indicate that systemic hormonal therapy and nonhormonal therapy can be effective.

## Cost and Health Impacts

Postmandate, total net annual expenditures would increase by $3,993,000 (0.0025%). Within the first year postmandate, AB 2467 would improve the health of the women receiving the 15,880 (30-day) prescriptions under new coverage (which might translate to ~1,323 women, assuming each received one prescription for 12 consecutive months).