

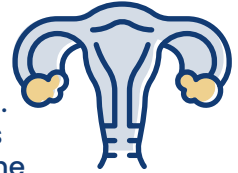
Bill Summary

AB 2467 would require coverage for **treatment of menopause symptoms**, including but not limited to 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**).

Assembly Bill (AB), California Health Benefits Review Program (CHBRP), California Department of Insurance (CDI), California Department of Managed Health Care (DMHC), California Public Employees' Retirement System (CalPERS)