**DEPT. COMM. NO. 230**

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**DEPARTMENT OF HUMAN SERVICES**
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DIR 21.030

December 27, 2021

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-First State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-First State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

Enclosed is the following report submitted in accordance with section 346-59.9, Hawaii Revised Statutes, on psychotropic medication.

In accordance with section 93-16, HRS, the report is available to review electronically at the Department's website, at https://humanservices.hawaii.gov/reports/legislative-reports/.

Sincerely,

Cathy Betts
Director

Enclosure
c:
Governor's Office
Lieutenant Governor's Office
Department of Budget & Finance
Legislative Auditor
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# REPORT TO THE THIRTY-FIRST HAWAII STATE LEGISLATURE 2022

## IN ACCORDANCE WITH THE PROVISIONS OF SECTION 346-59.9, HAWAII REVISED STATUTES, ON PSYCHOTROPIC MEDICATION

**DEPARTMENT OF HUMAN SERVICES**
**MED-QUEST DIVISION**
**DECEMBER 2021**

**2019 ANNUAL REPORT ON PSYCHOTROPIC MEDICATION,**
**SECTION 346-59.9, HAWAII REVISED STATUTES**

Act 102, Session Laws of Hawaii (SLH) 2012, amended section 346-59.9, Hawaii Revised Statutes (HRS), Psychotropic Medication. Section 346-59.9 (g) requires the Department of Human Services to report annually on:

(1) The number of brand-name and generic prescriptions written to which this section applies; and
(2) The amount expended on brand-name prescriptions and the amount expended on generic prescriptions written each fiscal year to which this section applies.

The information is provided in the table below. The data compiles information reported by each QUEST Integration (QI) health plan, the Community Care Services (CCS) health plan and the Fee-For-Service (FFS) program.

**Hawaii Medicaid Psychotropic Cost for State Fiscal Year (SFY) 2021**

Includes QI Health Plans, CCS and FFS

| | Total Number of Claims | | | | Total Expenditure | | | |
|---|---|---|---|---|---|---|---|---|
| | Brand | | Generic | | Brand | | Generic | |
| | # | % | # | % | $ | % | $ | % |
| Antipsychotic Total | | | | | | | | |
| 7/1/2015-6/30/2016 | 9,337 | 19% | 40,019 | 81% | $11,145,728 | 54% | $9,491,857 | 46% |
| 7/1/2016-6/30/2017 | 12,807 | 18% | 58,477 | 82% | $18,984,689 | 69% | $8,628,201 | 31% |
| 7/1/2017-6/30/2018 | 13,548 | 19% | 57,354 | 81% | $23,654,762 | 85% | $4,225,052 | 15% |
| 7/1/2018-6/30/2019 | 15,356 | 21% | 58,278 | 79% | $27,848,873 | 88% | $3,731,913 | 12% |
| 7/1/2019-6/30/2020 | 16,478 | 21% | 63,320 | 79% | $29,825,940 | 90% | $3,180,142 | 10% |
| 7/1/2020-6/30/2021 | 18,203 | 22% | 66,220 | 78% | $34,826,996 | 91% | $3,395,118 | 9% |
| Antidepressant Total | | | | | | | | |
| 7/1/2015-6/30/2016 | 3,559 | 3% | 111,133 | 97% | $1,042,335 | 31% | $2,284,742 | 69% |
| 7/1/2016-6/30/2017 | 4,381 | 3% | 138,676 | 97% | $1,390,375 | 39% | $2,199,437 | 61% |
| 7/1/2017-6/30/2018 | 3,703 | 3% | 138,633 | 97% | $1,388,243 | 39% | $2,172,979 | 61% |
| 7/1/2018-6/30/2019 | 4,085 | 3% | 133,805 | 97% | $1,552,521 | 43% | $2,046,890 | 57% |
| 7/1/2019-6/30/2020 | 4,005 | 3% | 142,526 | 97% | $1,607,878 | 45% | $1,992,669 | 55% |
| 7/1/2020-6/30/2021 | 4,958 | 3% | 142,179 | 97% | $3,776,743 | 62% | $2,347,933 | 38% |
| Anti-anxiety Total | | | | | | | | |
| 7/1/2015-6/30/2016 | 158 | <1% | 57,220 | 100% | $84,757 | 16% | $442,140 | 84% |
| 7/1/2016-6/30/2017 | 221 | <1% | 62,667 | 100% | $95,637 | 17% | $471,682 | 83% |

| | Total Number of Claims | | | | Total Expenditure | | | |
|---|---|---|---|---|---|---|---|---|
| | Brand | | Generic | | Brand | | Generic | |
| | # | % | # | % | $ | % | $ | % |
| Antipsychotic Total | | | | | | | | |
| 7/1/2017-6/30/2018 | 58 | <1% | 53,064 | 100% | $80,206 | 19% | $341,808 | 81% |
| 7/1/2018-6/30/2019 | 36 | <1% | 49,022 | 100% | $78,615 | 20% | $307,168 | 80% |
| 7/1/2019-6/30/2020 | 37 | <1% | 51,036 | 100% | $74,476 | 20% | $298,112 | 80% |
| 7/1/2020-6/30/2021 | 836 | 1% | 79,283 | 99% | $409,119 | 22% | $1,464,108 | 78% |

The total expenditure for psychotropic medication in SFY 2021 was approximately $46,220,000. This total includes the QI health plans ($28,080,000), CCS ($18,125,000) program, and the FFS program ($15,000).

**Discussion**

The following trends are noted for SFY 2021:

- 97% of the antidepressant prescriptions are filled with a generic medication and account for 38% of the antidepressant expenditure. Generic utilization percentage is consistent with data for SFY 2016 through SFY 2021 while the generic expenditure percentage has been decreasing since SFY 2016: 69% to 38%. Although the generic expenditures actually increased by 18%, they are overshadowed by the brand expenditures that increased by 134%.

The health plans continue to utilize various approaches to encourage generic utilization:[1]

  - Before a brand is covered, a trial and failure of two generic antidepressant prescriptions is necessary (see 346-59.9, HRS[2]).
  - A diagnosis connected to the prescription improves use of FDA approved indications.
  - Generic expenditures are lower due to generic completion driving down the price of the majority of high volume antidepressant agents.
  - One new brand antidepressant was approved by the Food and Drug Administration (FDA) in SFY 2020.
  - 99% of the anti-anxiety prescriptions are filled with a generic and account for 78% of the anti-anxiety expenditure. Both brand and generic number of utilizers and expenditures have increased. These expenditures are minor when

[1] Different approaches and combinations by the different health plans are used, such as the following: Preferred Drug Lists/Formulary Coverage, Prospective Drug Utilization Review edits (age, quantity, therapeutic duplication, drug-drug interactions, over-lapping days of therapy), Point-Of-Sale messaging, Step Therapy, Prior Authorization, Provider Education, Retrospective Drug Utilization Review and Call Center intervention.

[2] https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0059_0009.htm

compared to the antidepressant and antipsychotic prescriptions. The trend reversal has occurred during COVID-19 pandemic.

The health plans continue to utilize various approaches to encourage generic utilization:[3]

- The prescriber may be empowered to prescribe less anti-anxiety medications by the July 2017 enactment of section 329-38,(c), HRS,[4] concerning "[i]nitial concurrent prescriptions for opioids and benzodiazepines shall not be for longer than seven consecutive days unless a supply of longer than seven days is determined to be medically necessary for the treatment of ..."
- Diagnosis connected to the prescription improves reporting accuracy (i.e., excludes seizure and insomnia use).
- The federal SUPPORT Act (beginning October 1, 2020) impacts SFY2021 with required criteria to decrease fraud, misuse, and abuse for concurrent use of anti-anxiety medications and opioids.

- 78% of the antipsychotic prescriptions are filled with a generic. Generic expenditure percentages have been decreasing since SFY 2016 (46% to 9%). The utilization of brand prescriptions percentage is slowly increasing since SFY 2016 (19% to 22%) while the brand expenditure percentage trend increased each year since SFY2016 (54% to 91%). Per section 346-59.9, HRS,[5] access to brands are in place for medically necessary use.

  The health plans continue to utilize various approaches to encourage generic utilization:[6]

  - Generic expenditures have decreased with increased competition from multiple manufacturers.
  - Brand long-acting injectable dosage forms provide improved adherence rates for high-risk populations. However, unfortunately, they are also much costlier drugs. Newer brand products are being utilized more than the older ones that have generics available.
  - A Food and Drug Administration (FDA) approved diagnosis code for all branded antipsychotics is required at point of sale (POS) processing to pay a prescription claim at the pharmacy to ensure safety and to deter misuse for some health plans.

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[3] Supra, note 1.

[4] https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0329/HRS_0329-0038.htm

[5] "The department and its contracted health plans shall not impose any restriction or limitation on the coverage for, or a recipient's access to, antipsychotic medication, included in the United States Pharmacopeia's antipsychotic therapeutic category and only approved by the United States Food and Drug Administration for the treatment of mental or emotional disorders." Section 346-59.9, HRS, supra, note 2.

[6] Supra, note 1.

- The SUPPORT Act impacts the SFY2021 report with criteria for concurrent use of antipsychotic medications with opioids and monitoring of antipsychotic use in children: therapeutic duplication, early refill and age edits as approved by the FDA.