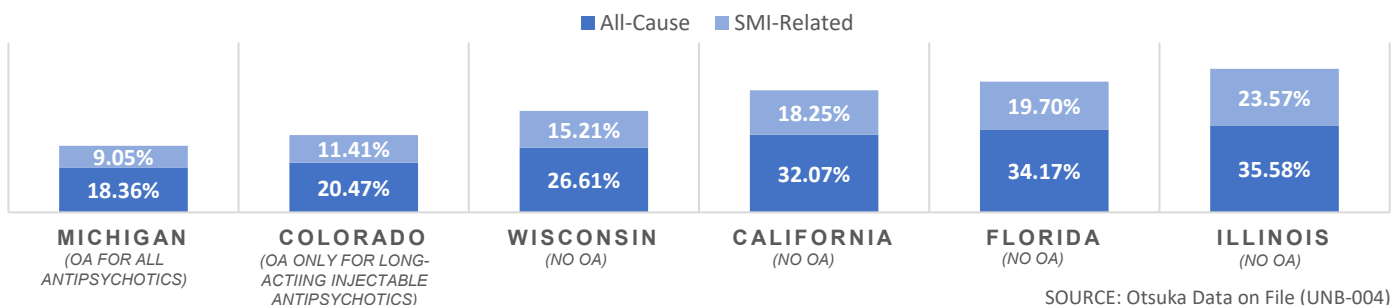


# Antipsychotic Access in Florida Medicaid

*An analysis of pharmacy and medical claims from 2017-2023<sup>1</sup> for individuals living with serious mental illness (SMI) shows differences in healthcare utilization and costs between six states: Michigan, whose Medicaid program has open access (OA) policies for antipsychotics, and five Medicaid programs that do not – California, Colorado, Florida, Illinois, and Wisconsin.*

**Figure 1. Hospitalizations of Medicaid Enrollees with an Antipsychotic Rx**



## Key findings for Florida include:

- Access to antipsychotic drugs through Medicaid programs in Florida – which has formulary restrictions and utilization management policies – was associated with **greater use of healthcare resources and higher annual costs** when compared with Michigan,<sup>1</sup> whose Medicaid program has open access to antipsychotics.
  - Compared with Florida enrollees, Michigan patients using the same antipsychotic drug had **94% less SMI-related and 67% less all-cause admissions.**<sup>2</sup>
- Florida's spend across **all inpatient, emergency, and pharmacy claims** for each enrollee with an antipsychotic prescription **outweighs Michigan's spend in each of these areas.**<sup>3</sup>
- Moreover, all-cause expenditures for patients with SMI using antipsychotics were **higher** in Florida at \$24,969 per enrollee per year than in Michigan at \$19,637.<sup>4</sup>

**Creating Change:** *This study shows that Michigan's overall expenditures were lower than Florida's due to less resource use. Stakeholders should consider the potential impact of open access to antipsychotics on net health care costs and on the experiences of individuals living with SMI.*

<sup>1</sup> Otsuka Data on File (UNB-004) is a retrospective cohort study – sponsored by Otsuka Pharmaceutical Development and Commercialization, Inc. – that reviewed claims filed in the Kythera open claims database\* between Jan. 1, 2017 and Dec. 31, 2023 for California, Colorado, Florida, Illinois, Michigan, and Wisconsin Medicaid enrollees that had (a) 18 years of age or more; (b) an SMI diagnosis [bipolar disorder, major depressive disorder, schizophrenia, etc.]; (c) ≥1 pharmacy claim for an antipsychotic; (d) continuous medical & pharmacy benefits for 12 months pre- and post-treatment initiation; and were not (e) receiving clozapine nor (f) dually eligible for Medicaid and Medicare. This study is limited to six states and findings may not be representative across all states.

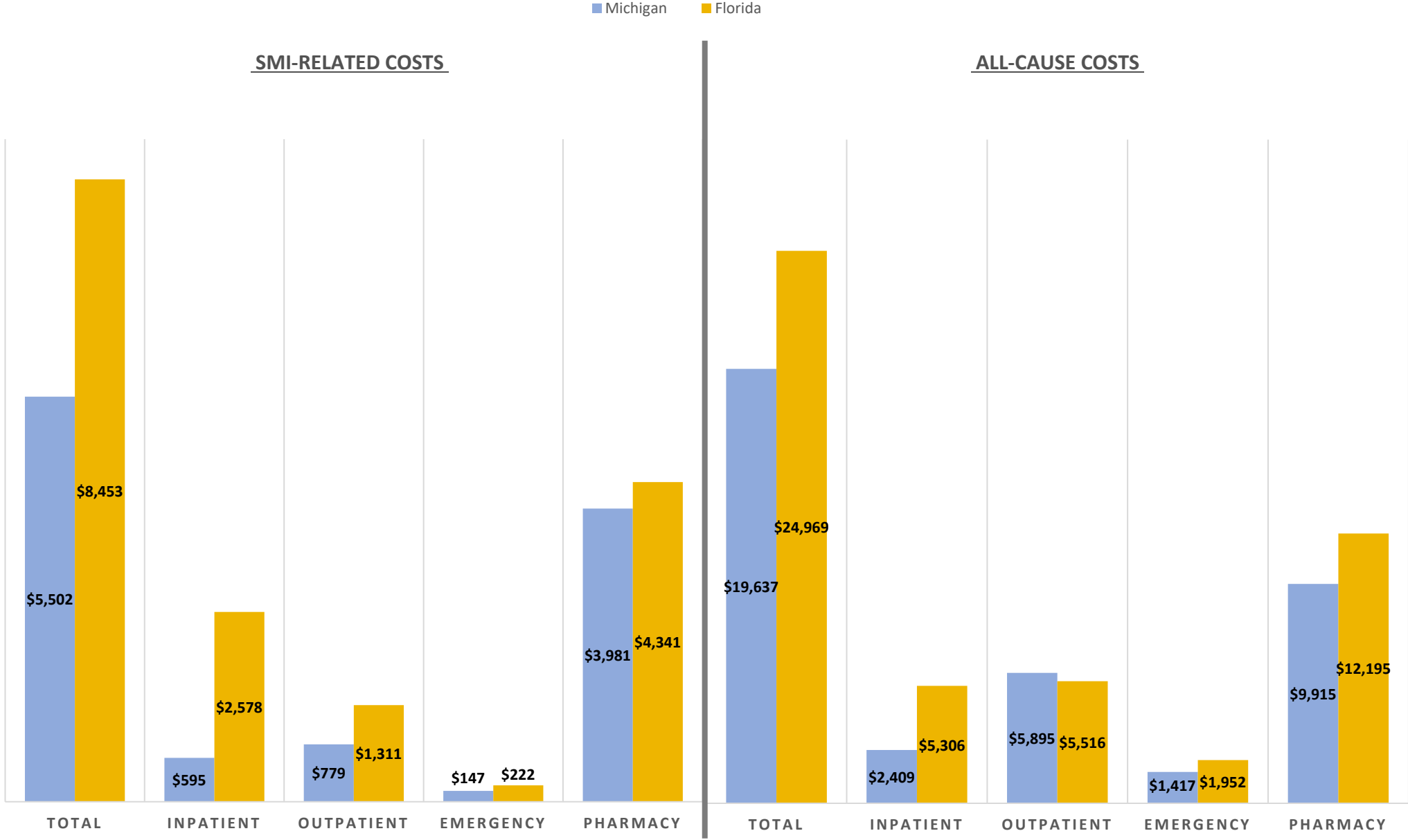
\*Kythera is an open claims database, updated weekly, that contains over 330 million patients, 12.5 billion healthcare claims, 12.9 billion prescription drug claims, and represents 79% coverage of all U.S. patients.

<sup>2</sup> See "SMI-Related Costs: Inpatient" and "All-Cause Costs: Inpatient" in Figure 2

<sup>3</sup> See "SMI-Related Costs: Inpatient, Emergency, and Pharmacy" and "All-Cause Costs: Inpatient, Emergency, and Pharmacy" in Figure 2

<sup>4</sup> See "All-Cause Costs: Total" in Figure 2

Figure 2. SMI-Related and All-Cause Costs among Michigan and Florida Medicaid Enrollees with an Antipsychotic Rx (Per Person, Per Year)



SOURCE: Otsuka Data on File (UNB-004)