

Prescription drug coverage for behavioral health conditions

Continuity of coverage

As of January 1, 2025, [Washington state law](#) ensures consumers receive continuing coverage of prescription drugs for behavioral health conditions without unnecessary treatment disruptions.

The law applies to fully insured commercial health plans. It does not apply to self-funded health plans. Your employer's human resources office can tell you if the new law applies to you.

When must health insurers continue coverage?

Health insurers cannot require you to switch from a drug not on your plan's preferred list to one that is, or increase your share of the cost in the middle of a plan year, if:

- The prescription is for a refill of an antipsychotic, antidepressant, or antiepileptic drug, or any other drug prescribed to treat a serious mental illness;
- The patient is medically stable on the drug; and
- An in-network health care provider continues to prescribe the drug.

The law defines "serious mental illness" as any mental disorder that:

- Results in serious functional impairment that substantially interferes with or limits one or more major life activities; and
- Is defined in the latest edition of the [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders](#).

What can insurers and providers still do?

A health insurer may:

- Require a generic substitute for the drug.
- Add a new drug to the formulary during the plan year; or
- Remove a drug from the formulary for patient safety reasons.

An in-network provider can prescribe a different drug if the drug is covered and medically appropriate.