

WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Introduced

Senate Bill 672

By Senator Phillips

[Introduced February 17, 2023; referred
to the Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia 1931, as amended, by adding thereto a new section,
 2 designated §9-5-31, relating to requiring parity with non-preferred oral branded
 3 antipsychotic agents.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-31. Requiring parity with non-preferred oral brand antipsychotic agents.

1 (a) Legislative findings. — The Legislature finds that parity is necessary with non-preferred
 2 oral branded antipsychotic agents when distributed by the Department of Health and Human
 3 Services and the Division of Medicaid. Lybalvi is a drug used in adults to treat manic or mixed
 4 episodes that happen with bipolar 1 disorder, either alone for short-term or maintenance treatment
 5 or in combination with valproate or lithium. Neighboring states to West Virginia have the following
 6 coverage for Lybalvi:

7 (1) Kentucky, Virginia, Pennsylvania, and Ohio - All non-preferred oral brands are currently
 8 at parity with Lybalvi.

9 (2) Kentucky, Virginia, and Ohio - Non-preferred oral brands require two trials of preferred
 10 agents.

11 (3) Ohio - Psychiatric exemption from physician assistants ("Pas"), as well as open access
 12 for medical doctors ("MDs"), Doctor of Osteopathic Medicine ("DOs"), nurse practitioners ("NPs"),
 13 and physician assistants ("Pas") practicing in a psychiatry.

14 (4) Pennsylvania - Non-preferred oral brands require one trial of a preferred agent, and 46
 15 states, which represents 90% of states, do not require an OLZ trial requirement.

16 (5) 42 states have a standard, non-preferred criteria that apply to non-preferred oral
 17 agents. An example is if there are two branded oral drugs, there will be the same number of trial
 18 and failures and prior authorization criteria.

19 (b) Enactment. — The Department of Health and Human Services and the Division of
 20 Medicaid shall require parity with non-preferred oral branded antipsychotic agents, including prior

- 21 authorizations and/or ensuring that step edits shall remain the same. The prescribing parity shall
22 be limited to psychiatrists, including physicians' assistants and nurse practitioners, with psychiatry
23 as their specialty.

NOTE: The purpose of this bill is to require parity with non-preferred oral branded antipsychotic agents by the Department of Health and Human Services and the Division of Medicaid.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.