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]

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

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

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

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

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

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

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

(b) *Enactment*. – The Department of Health and Human Services and the Division of Medicaid shall require parity with non-preferred oral branded antipsychotic agents, including prior authorizations and/or ensuring that step edits shall remain the same. The prescribing parity shall be limited to psychiatrists, including physicians' assistants and nurse practitioners, with psychiatry 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.