

## Discussion Draft – HB 2185 Rule Text

### 836-200-0440 Market Conduct Requirements for Pharmacy Benefit Managers

- (1) A pharmacy benefit manager shall allow a network pharmacy to mail, ship or deliver prescription drugs to its patients as an ancillary service. A contract between a pharmacy benefit manager and a pharmacy may establish limits and parameters on a pharmacy's mail, shipment and delivery of prescription drugs to enrollees, but these limits may not have the effect of preventing enrollees from accessing prescription drugs through a network pharmacy via mail, shipment and delivery on the request of the enrollee.
- (2) Except as provided in subsection (5) of this section, a pharmacy benefit manager may require a prescription for a specialty drug to be filled or refilled at a specialty pharmacy as a condition for the reimbursement of the cost a drug.
- (3) For the purposes of subsection (2) of this section, a prescription drug may meet the definition of "specialty drug" under 2019 Or Laws ch 526 Section 4 if, to be properly dispensed according to standard industry practice, the drug
  - a. Requires difficult or unusual preparation, handling, storage, inventory, or distribution;
  - b. Is associated with difficult or unusual data collection or administrative requirements;
  - c. Requires a pharmacist to manage the patient's use of the drug by monitoring or providing disease or therapeutic support systems.
- (4) For the purposes of subsection (2) of this section, a pharmacy may demonstrate that it meets the definition of "specialty pharmacy" under 2019 Or Laws ch 526 Section 4 by showing that
  - a. Its business is primarily providing specialty drugs and specialized, disease-specific clinical care and services for people with serious or chronic health conditions requiring complex medication therapies; or
  - b. It has been validated for meeting quality, safety and accountability standards for specialty pharmacy practice through accreditation in specialty pharmacy by a nationally recognized, independent accreditation organization.
- (5) A pharmacy benefit manager shall reimburse the cost of a specialty drug that is filled or refilled at a network pharmacy that is a long term care pharmacy, provided that the specialty drug is filled or refilled on behalf of an enrollee who is a resident of a long term care facility served by the long term care pharmacy.
- (6) A pharmacy benefit manager may not place a prescription drug on a maximum allowable cost list unless it is generally available for purchase in Oregon as defined by 2019 Or Laws ch 526 Section 4. A prescription drug is not generally available for purchase at a specified price if it is only available at that price if purchased in substantial quantities that are inconsistent with the business needs of a pharmacy. For the purposes of this subsection, "substantial quantities that

are inconsistent with the business needs of a pharmacy” means quantities in excess of a typical 3-month supply of a drug for a pharmacy based on the pharmacy’s dispensing history.

- (7) If a prescription drug subject to a specified maximum allowable cost is available at that price if purchased in quantities that are consistent with the business needs of some pharmacies but inconsistent with the business needs of others, nothing in subsection (6) shall be construed to prohibit a pharmacy benefit manager from applying the maximum allowable cost to pharmacies that can purchase the drug in the necessary quantities consistent with their business needs.

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