836-053-????

Drug Price Transparency Insurer Reporting

(1) For the purposes of this rule, “insurer” means a licensed insurance company, health care services contractor, or health maintenance organization that issues health benefit plans as defined in ORS 743B.005(16) in this state.

(2) No later than May 1~~5~~ of each year, an insurer with 200 or more enrollees in the state of Oregon must report to the Department the information described in ORS 743.025(2) in the form and manner prescribed by the Department. For drugs reimbursed by the insurer under both pharmacy and medical benefits in health benefit plans during the prior calendar year, the reporting must include all of the following:

(a) The 25 most frequently prescribed drugs.

(b) The 25 most costly drugs. In determining this list, the insurer must consider total annual spending, including the net impact of any rebates or other price concessions if applicable.

(c) The 25 drugs that have caused the greatest increase in total plan spending from one year to the next. In determining this list, the insurer must consider the net impact on total plan spending of any rebates or other price concessions if applicable.

(d) The impact of the costs of prescription drugs on premium rates, on a per member per month basis, including the net impact of any rebates or other price concessions if applicable.