

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 POLICY COMMITTEE
4 RECOMMENDATION

5 FOR

6 HOUSE BILL NO. 4457

By: Newton

7 POLICY COMMITTEE RECOMMENDATION

8 An Act relating to pharmacy benefits manager;
9 defining terms; prohibiting pharmacy benefits
10 managers from doing certain acts; requiring pharmacy
11 benefits managers to offer certain things; providing
12 for enforcement by the Attorney General; providing
13 for promulgation of rules; providing for
14 codification; and providing an effective date.

15 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

16 SECTION 1. NEW LAW A new section of law to be codified
17 in the Oklahoma Statutes as Section 6958.1 of Title 36, unless there
18 is created a duplication in numbering, reads as follows:

19 A. As used in this section:

20 1. "Health insurer" means any corporation, association, benefit
21 society, exchange, partnership or individual licensed by the
22 Oklahoma Insurance Code;

23 2. "Network pharmacy" means pharmacy providers contracted with
24 a pharmacy benefits manager;

1 3. "Pharmacy benefits manager" or "PBM" means a person,
2 business, or other entity that performs pharmacy benefits
3 management. The term shall include a person or entity acting on
4 behalf of a PBM in a contractual or employment relationship in the
5 performance of pharmacy benefits management for a managed care
6 company, nonprofit hospital, medical service organization, insurance
7 company, third-party payor or a health program administered by a
8 department of this state;

9 4. "Medically integrated pharmacy" means a pharmacy that:
10 a. is owned by, affiliated with, or under common
11 ownership with a specialty provider or specialty
12 provider practice,
13 b. is physically or operationally integrated within the
14 clinical practice of the specialty provider,
15 c. is licensed and in good standing with the Oklahoma
16 State Board of Pharmacy, and
17 d. employs at least one pharmacist licensed in this state
18 to dispense prescription medications;

19 5. "Specialty medication" means a prescription drug that:
20 a. is used to treat complex, chronic, or rare medical
21 conditions and requires specialized handling,
22 administration, monitoring, or patient management, or
23
24

1 b. is classified or designated as a specialty medication
2 by the pharmacy benefits manager or the health benefit
3 plan; and

4 6. "Specialty provider" means a licensed physician that
5 provides ongoing specialized medical treatment requiring complex
6 medication management, including but not limited to providers
7 practicing in the fields of oncology, urology, neurology,
8 nephrology, dermatology, cardiology, anesthesiology, or orthopedics.

9 B. A pharmacy benefits manager shall not:

10 1. Restrict, limit, or prohibit a covered person from obtaining
11 a specialty medication from a medically integrated pharmacy
12 affiliated with the covered person's treating specialty provider;
13 provided, that the pharmacy is licensed and in good standing with
14 the Oklahoma State Board of Pharmacy;

15 2. Require that a covered person obtain a specialty medication
16 exclusively through a pharmacy owned by, affiliated with, or
17 designated by the PBM when the covered person's treating specialty
18 provider maintains a medically integrated pharmacy capable of
19 dispensing the medication;

20 3. Discriminate against or disadvantage a medically integrated
21 pharmacy in the terms and conditions of network participation;

22 4. Impose additional or more stringent administrative
23 requirements on a medically integrated pharmacy that are not equally
24

1 imposed on other network pharmacies dispensing specialty
2 medications;

3 5. Deny, reduce, or delay reimbursement for a specialty
4 medication solely because the medication is dispensed by a medically
5 integrated pharmacy;

6 6. Require a specialty provider or covered person to transfer a
7 valid prescription to another pharmacy as a condition of coverage or
8 reimbursement;

9 7. Impose differential copayments, coinsurance, or other cost-
10 sharing on a covered person based solely on the pharmacy from which
11 the specialty medication is obtained;

12 8. Engage in patient steering or any practice that has the
13 effect of directing patients away from a medically integrated
14 pharmacy to a PBM-owned, -affiliated, or -preferred pharmacy;

15 9. Implement any policy, prior authorization requirement, step
16 therapy protocol, or utilization management practice that has the
17 effect of preventing a specialty provider from dispensing
18 medications necessary to ensure continuity of care, reduce treatment
19 delays, or minimize patient burden.

20 C. A PBM shall offer a medically integrated pharmacy the same
21 opportunity to participate in specialty pharmacy networks as is
22 offered to any other pharmacy. Any reimbursement rate, fee
23 schedule, audit standard, credentialing requirement, or contractual
24 term applied by a PBM to a medically integrated pharmacy shall be no

1 less favorable than those applied to any PBM-owned, -affiliated, or
2 -preferred specialty pharmacy.

3 D. When a specialty provider is actively managing a covered
4 person's treatment plan, including monitoring for adverse effects,
5 drug interactions, or therapeutic outcomes, the PBM shall permit the
6 covered person to obtain specialty medications from the specialty
7 provider's medically integrated pharmacy. Nothing in this
8 subsection shall be construed to require a PBM to cover a drug that
9 is not otherwise covered by the health insurer.

10 E. A violation of this section shall constitute an unfair or
11 deceptive act and shall be subject to enforcement by the Attorney
12 General. The Attorney General shall promulgate rules as necessary
13 to implement and enforce the provisions of this section.

14 SECTION 2. This act shall become effective November 1, 2026.

15

16 60-2-16562 TJ 02/18/26

17

18

19

20

21

22

23

24