

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

SENATE BILL 2007

By: Wingard

AS INTRODUCED

An Act relating to pharmacy benefits managers;  
amending 59 O.S. 2021, Section 360, as last amended  
by Section 8, Chapter 300, O.S.L. 2025 (59 O.S. Supp.  
2025, Section 360), which relates to pharmacy  
benefits manager contractual duties to provider;  
requiring pharmacy benefits manager to remit certain  
fees in certain situations; updating statutory  
language; and providing an effective date.

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

SECTION 1. AMENDATORY 59 O.S. 2021, Section 360, as last  
amended by Section 8, Chapter 300, O.S.L. 2025 (59 O.S. Supp. 2025,  
Section 360), is amended to read as follows:

Section 360. A. The pharmacy benefits manager (PBM) shall,  
with respect to contracts between a pharmacy benefits manager and a  
provider, including a pharmacy service administrative organization:

1. Include in such contracts the specific sources utilized to  
determine the maximum allowable cost (MAC) pricing of the pharmacy,  
update MAC pricing at least every seven (7) calendar days, and  
establish a process for providers to readily access the MAC list  
specific to that provider;

1        2. In order to place a drug on the MAC list, ensure that the  
2 drug is listed as "A" or "B" rated in the most recent version of the  
3 United States Food and Drug Administration (FDA) Approved Drug  
4 Products with Therapeutic Equivalence Evaluations, also known as the  
5 Orange Book, and the drug is generally available for purchase by  
6 pharmacies in the state from national or regional wholesalers and is  
7 not obsolete;

8        3. Ensure dispensing fees are not included in the calculation  
9 of MAC price reimbursement to pharmacy providers;

10       4. Provide a reasonable administration appeals procedure to  
11 allow a provider, a provider's representative and a pharmacy service  
12 administrative organization to contest reimbursement amounts within  
13 fourteen (14) calendar days of the final adjusted payment date. The  
14 pharmacy benefits manager shall not prevent the pharmacy or the  
15 pharmacy service administrative organization from filing  
16 reimbursement appeals in an electronic batch format. The ~~pharmacy~~  
17 ~~benefits manager must~~ PBM shall respond to a provider, a provider's  
18 representative and a pharmacy service administrative organization  
19 who have contested a reimbursement amount through this procedure  
20 within ten (10) calendar days. The ~~pharmacy benefits manager must~~  
21 PBM shall respond in an electronic batch format to reimbursement  
22 appeals filed in an electronic batch format. The ~~pharmacy benefits~~  
23 ~~manager~~ PBM shall not require a pharmacy or pharmacy services  
24 administrative organization to log into a system to upload

1 individual claim appeals or to download individual appeal responses.  
2 If a price update is warranted, the ~~pharmacy benefits manager~~ PBM  
3 shall make the change in the reimbursement amount, permit the  
4 dispensing pharmacy to reverse and rebill the claim in question, and  
5 make the reimbursement amount change retroactive and effective for  
6 all contracted providers;

7       5. If a below-cost reimbursement appeal is denied, the PBM  
8 shall provide the reason for the denial, including the National Drug  
9 Code (NDC) number from, and the name of, the specific national or  
10 regional wholesalers doing business in this state where the drug is  
11 currently in stock and available for purchase by the dispensing  
12 pharmacy at a price below the PBM's reimbursement price. The PBM  
13 shall include documented proof from the specific national or  
14 regional wholesalers doing business in this state showing that the  
15 drug is currently in stock and available for purchase by the  
16 dispensing pharmacy at a price below the PBM's reimbursement price.  
17 If the NDC number provided by the ~~pharmacy benefits manager~~ PBM is  
18 not available below the acquisition cost obtained from the  
19 pharmaceutical wholesaler from whom the dispensing pharmacy  
20 purchases the majority of the prescription drugs that are dispensed,  
21 the ~~pharmacy benefits manager~~ PBM shall immediately adjust the  
22 reimbursement amount, permit the dispensing pharmacy to reverse and  
23 rebill the claim in question, and make the reimbursement amount  
24 adjustment retroactive and effective for all contracted providers;

1       6. If a PBM increases reimbursement for a drug, medical  
2 product, or device as a result of an appeal pursuant to this  
3 subsection, including an adjustment required pursuant to paragraph 5  
4 of this subsection, and reduces the reimbursement amount for the  
5 same drug, medical product, or device, including the same NDC  
6 number, within thirty (30) calendar days of the appeal  
7 determination, the PBM shall remit an administrative fee not less  
8 than One Hundred Dollars (\$100.00) to the affected provider for each  
9 occurrence. If such fees are not remitted after ninety (90)  
10 calendar days, the administrative fee shall not be less than Five  
11 Hundred Dollars (\$500.00) for each occurrence. If such fees are not  
12 remitted after one hundred eighty (180) calendar days, the  
13 administrative fee shall not be less than One Thousand Dollars  
14 (\$1,000.00);

15       7. Any appeal that results in an increase in the reimbursement  
16 from the PBM that continues to be below the pharmacy's acquisition  
17 cost shall be considered a denial under this section. Any denial of  
18 an appeal shall follow the requirements of ~~paragraph~~ paragraphs 5  
19 and 6 of this subsection; and

20       ~~7.~~ 8. The PBM shall not require a pharmacy to collect  
21 additional monies following a successful below-cost reimbursement  
22 appeal from any person or entity other than the PBM who adjudicated  
23 the drug claim, including the patient or plan sponsor.  
24

1 B. The reimbursement appeal requirements in this section shall  
2 apply to all drugs, medical products, or devices reimbursed  
3 according to any payment methodology, including, but not limited to:

4 1. Average acquisition cost, including the National Average  
5 Drug Acquisition Cost;

6 2. Average manufacturer price;

7 3. Average wholesale price;

8 4. Brand effective rate or generic effective rate;

9 5. Discount indexing;

10 6. Federal upper limits;

11 7. Wholesale acquisition cost; and

12 8. Any other term that a ~~pharmacy benefits manager~~ PBM or an  
13 insurer of a health benefit plan may use to establish reimbursement  
14 rates to a pharmacist or pharmacy for pharmacist services.

15 C. The ~~pharmacy benefits manager~~ PBM shall not place a drug on  
16 a MAC list, unless there are at least two therapeutically  
17 equivalent, multiple-source drugs, generally available for purchase  
18 by dispensing retail pharmacies from national or regional  
19 wholesalers.

20 D. In the event that a drug is placed on the FDA Drug Shortages  
21 Database, ~~pharmacy benefits managers~~ PBMs shall reimburse claims to  
22 pharmacies at no less than the wholesale acquisition cost for the  
23 specific NDC number being dispensed.

1 E. The ~~pharmacy benefits manager~~ PBM shall not require  
2 accreditation or licensing of providers, or any entity licensed or  
3 regulated by the State Board of Pharmacy, other than by the State  
4 Board of Pharmacy or federal government entity as a condition for  
5 participation as a network provider.

6 F. A pharmacy or pharmacist may decline to provide the  
7 pharmacist clinical or dispensing services to a patient or pharmacy  
8 benefits manager if the pharmacy or pharmacist is to be paid less  
9 than the pharmacy's cost for providing the pharmacist clinical or  
10 dispensing services.

11 G. The ~~pharmacy benefits manager~~ PBM shall provide a dedicated  
12 telephone number, email address and names of the personnel with  
13 decision-making authority regarding MAC appeals and pricing.

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

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