

BILL SUMMARY
2nd Session of the 60th Legislature

Bill No.:	HB4457
Version:	POLPCS1
Request Number:	16294
Author:	Rep. Newton
Date:	2/16/2026
Impact:	AG Office: Potential Costs

Research Analysis

The proposed policy committee substitute for HB 4457 provides that a pharmacy benefits manager must not do the following:

- Restrict, limit, or prohibit a covered person from obtaining a specialty medication from a medically integrated pharmacy affiliated with the covered person's specialty provider provided the pharmacy is in good standing;
- Require a covered person obtain a specialty medication exclusively through a pharmacy associated with the pharmacy benefits manager when the person's treating specialty provider has a pharmacy that can dispense the medication;
- Discriminate against or disadvantage a medically integrated pharmacy in the terms and conditions of network participation;
- Impose additional administrative requirements on a medically integrated pharmacy more than on other network pharmacies dispensing specialty medications;
- Deny, reduce, or delay reimbursement for a specialty medication because it is being dispensed by a medically integrated pharmacy;
- Require a specialty provider or covered person to transfer a valid prescription to another pharmacy as a condition for coverage or reimbursement;
- Impose differential cost sharing based solely on the pharmacy where specialty medication is obtained;
- Engage in patient steering that directs patients away from a medically integrated pharmacy to one associated with a PBM; and
- Implement any practice that has the effect of preventing a specialty provider from dispensing medications necessary to ensure continuity of care, reduce treatment delays, or minimize patient burden.

A PBM must offer a medically integrated pharmacy the same opportunity to participate in specialty pharmacy networks that is offered to any other pharmacy and any offers to medically integrated pharmacies must not be less favorable to those offered to pharmacies associated with PBMs. When a specialty provider is actively managing a covered person's treatment plan, the PBM must permit the person to obtain specialty medications from the specialty provider's medically integrated pharmacy. Nothing in this measure will require a PBM to cover a drug that is otherwise not covered. A violation of this section will be subject to Attorney General enforcement and the Attorney General must make rules as necessary.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

HB 4457 provides the requirements for pharmacy benefits managers (PBMs) and directs the Attorney General (AG) to promulgate rules as necessary to enforce.

The Office of the AG has been contacted regarding potential fiscal implications for the agency. As feedback is provided on potential costs, this impact will be updated.

Prepared By: Alexandra Ladner, House Fiscal Staff

Other Considerations

None.

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