Senate Bill 334

Sponsored by Senator WINTERS (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Requires, until June 30, 2016, medical assistance coverage of prescription drugs that are immunosuppressant drugs or drugs for treatment of seizures, cancer, HIV or AIDS.

A BILL FOR AN ACT

- Relating to payments for prescription drugs; creating new provisions; and amending ORS 414.325 and section 13, chapter 827, Oregon Laws 2009.
 - Be It Enacted by the People of the State of Oregon:
- 5 <u>SECTION 1.</u> ORS 414.325, as amended by section 8, chapter 827, Oregon Laws 2009, is amended 6 to read:
 - 414.325. (1) As used in this section:

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- 8 (a) "Legend drug" means any drug requiring a prescription by a practitioner, as defined in ORS 9 689.005.
 - (b) "Urgent medical condition" means a medical condition that arises suddenly, is not lifethreatening and requires prompt treatment to avoid the development of more serious medical problems.
 - (2) A licensed practitioner may prescribe such drugs under this chapter as the practitioner in the exercise of professional judgment considers appropriate for the diagnosis or treatment of the patient in the practitioner's care and within the scope of practice. Prescriptions shall be dispensed in the generic form pursuant to ORS 689.515 and pursuant to rules of the Oregon Health Authority unless the practitioner prescribes otherwise and an exception is granted by the authority.
 - (3) Except as provided in subsections (4) and (5) of this section, the authority shall place no limit on the type of legend drug that may be prescribed by a practitioner, but the authority shall pay only for drugs in the generic form unless an exception has been granted by the authority.
 - (4) Notwithstanding subsection (3) of this section, an exception must be applied for and granted before the authority is required to pay for minor tranquilizers and amphetamines and amphetamine derivatives, as defined by rule of the authority.
 - (5)(a) Notwithstanding subsections (1) to (4) of this section and except as provided in paragraph (b) of this subsection, the authority is authorized to:
 - (A) Withhold payment for a legend drug when federal financial participation is not available; and
 - (B) Require prior authorization of payment for drugs that the authority has determined should be limited to those conditions generally recognized as appropriate by the medical profession.
 - (b) The authority may not require prior authorization for:
 - (A) Therapeutic classes of nonsedating antihistamines and nasal inhalers, as defined by rule by

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

- the authority, when prescribed by an allergist for treatment of any of the following conditions, as described by the Health Evidence Review Commission on the funded portion of its prioritized list
- 3 of services:

- [(A)] (i) Asthma;
 - [(B)] (ii) Sinusitis;
 - [(*C*)] (**iii**) Rhinitis; or
 - [(D)] (iv) Allergies[.]; or

(B) A drug indicated for the treatment of seizures, cancer, HIV or AIDS or an immunosuppressant drug.

- (6) The authority shall pay a rural health clinic for a legend drug prescribed and dispensed under this chapter by a licensed practitioner at the rural health clinic for an urgent medical condition if:
 - (a) There is not a pharmacy within 15 miles of the clinic;
- (b) The prescription is dispensed for a patient outside of the normal business hours of any pharmacy within 15 miles of the clinic; or
 - (c) No pharmacy within 15 miles of the clinic dispenses legend drugs under this chapter.
- (7) Notwithstanding ORS 414.334, the authority may conduct prospective drug utilization review prior to payment for drugs for a patient whose prescription drug use exceeded 15 drugs in the preceding six-month period.
- (8) Notwithstanding subsection (3) of this section, the authority may pay a pharmacy for a particular brand name drug rather than the generic version of the drug after notifying the pharmacy that the cost of the particular brand name drug, after receiving discounted prices and rebates, is equal to or less than the cost of the generic version of the drug.
- (9)(a) Within 180 days after the United States patent expires on an immunosuppressant drug used in connection with an organ transplant, the authority shall determine whether the drug is a narrow therapeutic index drug.
- (b) As used in this subsection, "narrow therapeutic index drug" means a drug that has a narrow range in blood concentrations between efficacy and toxicity and requires therapeutic drug concentration or pharmacodynamic monitoring.
- **SECTION 2.** ORS 414.325, as amended by section 8, chapter 827, Oregon Laws 2009, and section 2 of this 2013 Act, is amended to read:
 - 414.325. (1) As used in this section:
- (a) "Legend drug" means any drug requiring a prescription by a practitioner, as defined in ORS 689.005.
 - (b) "Urgent medical condition" means a medical condition that arises suddenly, is not lifethreatening and requires prompt treatment to avoid the development of more serious medical problems.
 - (2) A licensed practitioner may prescribe such drugs under this chapter as the practitioner in the exercise of professional judgment considers appropriate for the diagnosis or treatment of the patient in the practitioner's care and within the scope of practice. Prescriptions shall be dispensed in the generic form pursuant to ORS 689.515 and pursuant to rules of the Oregon Health Authority unless the practitioner prescribes otherwise and an exception is granted by the authority.
 - (3) Except as provided in subsections (4) and (5) of this section, the authority shall place no limit on the type of legend drug that may be prescribed by a practitioner, but the authority shall pay only for drugs in the generic form unless an exception has been granted by the authority.

- (4) Notwithstanding subsection (3) of this section, an exception must be applied for and granted before the authority is required to pay for minor tranquilizers and amphetamines and amphetamine derivatives, as defined by rule of the authority.
- 4 (5)(a) Notwithstanding subsections (1) to (4) of this section and except as provided in paragraph 5 (b) of this subsection, the authority is authorized to:
 - (A) Withhold payment for a legend drug when federal financial participation is not available; and
 - (B) Require prior authorization of payment for drugs that the authority has determined should be limited to those conditions generally recognized as appropriate by the medical profession.
 - (b) The authority may not require prior authorization for[:]
 - [(A)] therapeutic classes of nonsedating antihistamines and nasal inhalers, as defined by rule by the authority, when prescribed by an allergist for treatment of any of the following conditions, as described by the Health Evidence Review Commission on the funded portion of its prioritized list of services:
 - [(i)] (**A**) Asthma;
- 16 [(*ii*)] **(B)** Sinusitis;

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- 17 [(*iii*)] (**C**) Rhinitis; or
- 18 [(iv)] (**D**) Allergies[; or].
- 19 [(B) A drug indicated for the treatment of seizures, cancer, HIV or AIDS or an 20 immunosuppressant drug.]
 - (6) The authority shall pay a rural health clinic for a legend drug prescribed and dispensed under this chapter by a licensed practitioner at the rural health clinic for an urgent medical condition if:
 - (a) There is not a pharmacy within 15 miles of the clinic;
 - (b) The prescription is dispensed for a patient outside of the normal business hours of any pharmacy within 15 miles of the clinic; or
 - (c) No pharmacy within 15 miles of the clinic dispenses legend drugs under this chapter.
 - (7) Notwithstanding ORS 414.334, the authority may conduct prospective drug utilization review prior to payment for drugs for a patient whose prescription drug use exceeded 15 drugs in the preceding six-month period.
 - (8) Notwithstanding subsection (3) of this section, the authority may pay a pharmacy for a particular brand name drug rather than the generic version of the drug after notifying the pharmacy that the cost of the particular brand name drug, after receiving discounted prices and rebates, is equal to or less than the cost of the generic version of the drug.
 - (9)(a) Within 180 days after the United States patent expires on an immunosuppressant drug used in connection with an organ transplant, the authority shall determine whether the drug is a narrow therapeutic index drug.
 - (b) As used in this subsection, "narrow therapeutic index drug" means a drug that has a narrow range in blood concentrations between efficacy and toxicity and requires therapeutic drug concentration or pharmacodynamic monitoring.
 - **SECTION 3.** Section 13, chapter 827, Oregon Laws 2009, is amended to read:
- Sec. 13. (1) The amendments to ORS [414.325 and] 414.334 by [sections 7 to] section 10, [of this 2009 Act] chapter 827, Oregon Laws 2009, become operative on January 2, 2014.
 - (2) The amendments to ORS 414.325 by section 8, chapter 827, Oregon Laws 2009, become operative on January 1, 2014.

SECTION 4. The amendments to ORS 414.325 by section 2 of this 2013 Act become operative June 30, 2016.