

Arizona



Arizona - HB 2261

Sponsor: Representative Cesar Chavez (D)

Actions: 01/19/2022 Introduced

Summary: Summary for 1/19/2022 Version

This measure prohibits prior authorization requirements for certain drugs used to prevent or treat HIV.

This measure applies to insurance coverage for HIV/AIDS.

Under this measure, health care service plans or their utilization review agents are prohibited from requiring prior authorization or step therapy for antiretroviral drugs prescribed to treat or prevent HIV.

This measure takes effect immediately.

Bill Links [1/19/2022 Version](#)



Arizona - HB 2569

Sponsor: Representative Justin Wilmeth (R)

Actions: 01/26/2022 Referred to House Rules Committee
01/25/2022 Referred to House Health and Human Services Committee
01/24/2022 Introduced

Summary: Summary of 1/24/2022 Version

This measure will prohibit pharmacy benefits managers from requiring clinician-administered drugs to be dispensed by a pharmacy.

This measure is applicable to pharmacy benefits managers.

A PBM, health insurer or third-party payer may not require a clinician-administered drug to be dispensed by a pharmacy as a condition of coverage. They may not:

1. limit or exclude coverage of a clinician-administered drug, if the drug is not dispensed by a pharmacy if it is covered under a health benefit plan or pharmacy benefit plan.

2. cover a drug with a different benefit or tier with cost-sharing requirements that impose greater expenses for an individual if the drug is administered at the prescriber's office, a hospital outpatient center, or any other setting that is not a pharmacy.

This measure does not:

1. Authorize someone to administer a drug that is prohibited under state and federal laws.
2. Modify drug administration requirements

"Clinician-administered drug" means an outpatient prescription drug that cannot reasonably be self-administered by the patient to whom the drug is prescribed and that is typically administered by a health care provider.

This measure takes effect 90 days after adjournment.

Bill Links [1/24/2022 Version](#)



Arizona - SB 1161

Sponsor: Senator Nancy Barto (R)

Actions: 01/19/2022 Hearing Held; Passed Committee; Referred to Senate Rules Committee
01/13/2022 Introduced; Referred to Senate Health and Human Services Committee; Referred to Senate Rules Committee

Summary: Summary of 1/13/2022 Version

This measure prohibits a pharmacy benefits manager (PBM) from directing a patient to use the PBM's affiliated pharmacy or durable medical equipment provider.

This measure is applicable to pharmacy benefit managers.

Under this measure, PBMs will be prohibited from directing a patient to use their affiliated pharmacy or provider through marketing, advertising, online messaging, or marketing the affiliated provider. This will not restrict the PBM from including its affiliated provider in any communications if it regards:

1. Cost information regarding the patient's health benefits plan
2. Comparable information regarding pharmacies or providers that are not the issuer's or manager's affiliated providers

A PBM may not:

1. Require a patient to use the manager's affiliated provider in order for the patient to receive the maximum benefit under their health plan
2. Require the patient to use the PBMs provider, this includes efforts to reduce cost-sharing if the patient uses the provider.
3. Solicit a patient or prescriber to transfer a prescription to an affiliated provider
4. Require a pharmacy or durable medical equipment provider that is not an affiliated provider to transfer a patient's prescription to an affiliated provider without patient consent.

5. Paying an affiliated provider a reimbursement amount that is more than the amount the pharmacy benefit manager pays for the same product or service.

A PBM may not transfer records containing patient or prescriber identifiable prescription information to or from an affiliated provider for a commercial purpose. Any reimbursement, formulary compliance, pharmaceutical care, and utilization review by a provider are not considered commercial purposes. This applies to all PBMs that are acting on their own behalf or on behalf of an insurer.

The measure also prohibits a PBM and health insurer from:

1. requiring a clinician-administered drug to be dispensed by a pharmacy as a condition of coverage
2. limiting or excluding coverage of a drug that is not dispensed by a pharmacy, if that drug is covered under the health benefits plan or pharmacy benefits plan
3. covering prescription drugs as a different benefit with cost-sharing requirements that impose greater expenses for the patient, if the drug is dispensed or administered at the prescriber's office, a hospital outpatient infusion center, or any other outpatient clinical setting.

All prohibitions regarding clinician-administered drugs do not authorize any person to administer illegal drugs or modify the state's drug administration requirements.

An "affiliated provider" is a durable medical equipment provider or pharmacy that is directly or indirectly controlled by a pharmacy benefit manager.

This measure will take effect 90 days after it is enacted.

Bill Links [1/13/2022 Version](#)