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CCO guidance for member access to medications affected by 2025 legislation

Last updated June 15, 2026

Oregon Health Authority (OHA) is providing guidance to CCOs on enhanced responsibilities for providing access to medications prescribed to treat or prevent human immunodeficiency virus (HIV) and medications for treatment of substance use disorder (SUD). The responsibilities outlined in this guidance are pursuant to 2025 legislation and, for SUD treatment, recently finalized statewide protocol adopted by the Oregon Board of Pharmacy.

As for all medications, CCOs are ultimately responsible for ensuring timely access to covered services. While meeting this duty, and consistent with all other applicable laws and regulations, CCOs may direct coverage of injection medications through medical or pharmacy billing. However, in doing so, CCOs must ensure such policies do not interfere with timely access to covered services.

Responsibilities for treatment and prevention of HIV

CCOs must not require prior authorization (PA) or step therapy for treatment or prevention of HIV, pursuant to ORS [414.324](#) (Enrolled Oregon House Bill [2292](#) [2025]). This applies to all drugs approved by the United States Food and Drug Administration (FDA) for the treatment or prevention of HIV. OHA is amending OAR [410-141-3835](#) effective July 1, 2026, to incorporate the requirement and will incorporate it into the 2027 CCO contracts as well.

In addition, CCOs must reimburse a pharmacist or pharmacy in the same manner as would be provided to any other health care provider for the prescription, dispensation, and administration of preexposure prophylactic antiretroviral therapy (PrEP) and post-exposure prophylactic antiretroviral therapy (PEP). This is pursuant to ORS [414.764](#) (Enrolled Oregon House Bill [2942](#) [2025]). This requirement is found in Exh. B, Pt. 8, Sec. 4, Para. j of the [2026](#) CCO contracts.

Responsibilities for treatment of SUD

CCOs must not require PA for medication assisted treatment (MAT) approved by the FDA on or before Jan. 1, 2024, pursuant to ORS [431A.463](#) (Enrolled Oregon House Bill [4002](#) [2024]). That is, CCOs may require PA for MAT approved by the FDA after Jan. 1, 2024. The foregoing applies to MAT within the CCO's provider network. CCOs may require PA for brand-name drugs when a generic equivalent is available. This general requirement is found in Exh. B, Pt. 2, Sec. 3, Para. b, Sub.Para. (5) and Exh. M, Sec. 5, Para. c of the 2026 CCO contracts and in greater detail in OAR 410-141-3835(4)(c).

ORS 414.766 was amended to require CCOs to cover medications and refills of medications prescribed by a pharmacist pursuant to ORS 689.698 (Enrolled Oregon Senate Bill [236](#) [2025]). This includes prescriptions pursuant to the Oregon Board of Pharmacy's [protocol](#), which was adopted in February 2026. OHA will incorporate this requirement into the 2027 CCO contracts.

CCO flexibilities in limiting drug coverage to medical or pharmacy billing

CCOs have flexibility in choosing how to cover medications, including practitioner administered drugs (PADs). This may include limiting coverage of select PAD medications through a medical "buy-and-bill" approach. In this approach, the administering provider purchases medication and bills for reimbursement when it is administered.

An alternative approach is to limit coverage through pharmacy "white-bagging." In white-bagging, the pharmacy, usually a specialty pharmacy, bills for and is reimbursed for medication that is prescribed for a particular patient. The pharmacy then ships the medication to a clinic for reimbursement. If the patient does not present for administration, the medication generally cannot be returned and coverage cannot be reversed. This is often referred to as "waste".

OHA encourages CCOs to consider member and provider impacts while evaluating benefits and costs of different approaches. A CCO's ultimate responsibility is to provide timely access to covered services. This may require exceptions when necessary to meet an individual member's needs.

Questions?

If you have questions about this guidance, please contact Deborah ("Dee") Weston, Pharmacy Program Policy Advisor, at deborah.g.weston@oha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

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