

December 10, 2025

Dear OIC Rules Coordinator:

As a licensed Washington pharmacist and proud Washingtonian, I am submitting testimony to help ensure the rules are written in a way that does not inadvertently create barriers to care or lead to gaps in treatment that could result in severe negative outcomes for our most at-risk residents. During my 20+ years as a pharmacist I have worked in both retail community pharmacies and specialty pharmacies; this varied experience provides me a unique perspective on the value each practice setting brings to our patients. Although specialty pharmacies distribute prescriptions by mail to patients, it is essential to distinguish the practice of specialty pharmacy from traditional retail mail-order pharmacy models. While the dispensing of medication is part of specialty pharmacy operations, the foundation and practice of specialty pharmacy is focused on direct patient care, offering individualized care plans, specialized resource teams, financial assistance, 24/7/365 access to clinical expertise, and support for both prescribers and patients.

I am submitting testimony today on SB 5213 rulemaking. I propose an addition to language referenced in WAC 284-180-550 Enrollee rights and pharmacy benefit manager obligations – Mail order and retail pharmacies, Section 4 that acknowledges the category of complex and life-changing medications currently dispensed by specialty pharmacies that are uniquely equipped to support the most vulnerable patients. Specialty therapies are often delivered by carrier, but the high touch service model in specialty pharmacy is distinctly different from the retail mail order service model. In addition, many of these prescriptions require frequent patient touches, constant monitoring, and labs by providers creating the need for a new prescription each month.

Specialty drugs make up only 1-3% of all prescriptions dispensed in the U.S. These complex medications are used to treat serious, chronic, and sometimes life-threatening health conditions such as cancer, multiple sclerosis, hepatitis C and rheumatoid arthritis. Due to the complexity of these medications patient follow-up by providers is often monthly or quarterly, especially at the start of a new treatment plan. Side effects are common, and additional labs are required, leading to frequent dose adjustments. These factors create the need for a new prescription to be sent into the pharmacy each month. The burden to the patient of obtaining consent to fill via mail order each month, documenting, and verification requirements are met prior to filling the prescription would

undoubtable create delays in the fulfillment and delivery of the prescription. These delays, especially at the start of a new therapy can lead to negative therapeutic outcomes and, in some cases, treatment failure.

To ensure patient safety and optimal health outcomes, I recommend the text in Section 4 include additional language to acknowledge and differentiate the specialty pharmacy service model (in red, below):

WAC 284-180-550(4)

*“For new prescriptions that are issued after January 1, 2026, a pharmacy benefit manager may not fill or cause to be filled an enrollee’s prescription through a mail order pharmacy until the enrollee provides affirmative authorization under this section to receive a prescription drug through a mail order pharmacy. **In cases where a drug is subject to restricted distribution or is not generally available through a traditional retail pharmacy, requires special handling to maintain patient safety, or requires specialized clinical support to ensure safe and effective use, authorization may be waived to ensure timely access to therapy.**”*

Thank you for your consideration and efforts in improving patient care and access to these life changing therapies.

Sincerely,

Melissa J Hansen

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