

State PBM Reform Inventory

Updated March 2026

Louisiana

Issue	Summary	Citation
Licensing/Registration	A PBM shall be deemed to be a TPA for purposes of s. 22:1651. Every PBM shall be required to be licensed by the commissioner of insurance, except PBMs that have their principal place of business in another state and are not soliciting business as an administrator in Louisiana.	La. Stat. Ann. § 22:1657
Reporting Requirements	<p>For each of a PBM's contractual or other relationships with a health benefit plan or health insurance issuer, the PBM shall provide the department with the health benefit plan's formulary and provide timely notification of formulary changes and product exclusions. The information provided pursuant to this Subsection shall be made available in a centralized location on the department's website in a format that allows for consumer access, including links to PBM websites.</p> <p>Medicaid:</p> <ul style="list-style-type: none"> • The Louisiana Department of Health shall submit quarterly reports to the Senate and House committees on health and welfare encompassing the following data regarding the Medicaid MCOs' PBMs: • The name of each PBM, identified as contracted or owned by the Medicaid MCO. • Whether the PBM is a subsidiary of the parent company of the Medicaid MCO. • The total dollar amount paid to the PBM by the Medicaid MCO as a transaction fee for each processed claim. • The total dollar amount of the Medicaid drug rebates and manufacturer discounts collected and retained by the Medicaid MCO and PBM. • The total dollar amount of the Medicaid drug rebates and manufacturer discounts collected by the Medicaid MCO and PBM and remitted to the Louisiana Department of Health. • The total dollar amount retained by the PBM through spread pricing. For purposes of this Subparagraph, "spread pricing" means the actual amount paid as reimbursement to 	La. Stat. Ann. § 22:1657 La. Stat. Ann. § 40:1253.2

	<p>a pharmacist as compared to the amount the PBM charged to and was reimbursed by the Medicaid MCO to identify the excess amount paid to the PBM above what was paid to the pharmacist.</p> <ul style="list-style-type: none"> • Identification of any other monies retained by the PBM not otherwise provided for in this Subsection that are not reimbursed to pharmacists 	
PBM Income	<p>Spread Pricing: No PBM shall engage in spread pricing or effective rate pricing.</p> <ul style="list-style-type: none"> • Rebate Pass-Through (Medicaid): • Any contract for PBM services shall be limited to a transaction fee only, based on a set rate established by the Department of Health to be paid to the PBM for each Medicaid pharmacy claim processed. • No PBM may retain any portion of state supplemental rebates or credits submitted to the state by any pharmaceutical manufacturer. <p>Spread Pricing (Medicaid): No PBM may retain any portion of any amount charged or claimed by a PBM to an MCO that is more than the amount paid to the pharmacy that filled the prescription</p>	<p>La. Stat. Ann. § 22:1867</p> <p>La. Stat. Ann. § 39:1648</p>
Pharmacy Contracting	<p>MAC Pricing: Before a PBM places or continues a particular NDC or MAC List, the following requirements shall be met:</p> <ul style="list-style-type: none"> • The prescription drug to which the NDC is assigned shall be listed as "A" or "B" rated in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations, also known as the Orange Book, or have an "NR" or "NA" rating or a similar rating by a nationally recognized reference. • The prescription drug to which the NDC is assigned shall be available for purchase by pharmacies in the state from national or regional wholesalers. • The prescription drug to which the NDC is assigned shall not be considered obsolete, temporarily unavailable, or listed on a drug shortage list. • For every drug for which the PBM establishes a MAC to determine the drug product reimbursement, the PBM shall make available to all pharmacies both of the following: 	<p>La. Stat. Ann. § 22:1864</p> <p>La. Stat. Ann. § 40:2870</p>

	<ul style="list-style-type: none"> ○ Information identifying the national drug pricing compendia or sources used to obtain the drug price data. ○ The comprehensive list of drugs subject to MAC by plan and the actual MAC by plan for each drug. <p>A PBM shall do all of the following:</p> <ul style="list-style-type: none"> ● Provide access to its MAC List to each pharmacy subject to the list. ● Update its MAC List on a timely basis, but in no event longer than seven calendar days from a change in the methodology on which the MAC List is based or in the value of a variable involved in the methodology. ● Provide a process for each pharmacy subject to the list to review an update to the MAC List. <p>Patient Steering:</p> <p>A PBM in Louisiana shall not directly or indirectly engage in patient steering to a pharmacy in which the PBM maintains an ownership interest or control. Patient steering includes but is not limited to any communication by a PBM through data mining or other similar process of any patient information generated or obtained throughout the prescription filling process at any pharmacy, including contacting the patient verbally or in writing to directly or indirectly influence the patient or provide the patient with the option to use an alternate pharmacy that is a preferred carve-out or is in a strategic relationship with the PBM or in which the PBM maintains an ownership interest or control or contracts with to process prescriptions on its behalf. A PBM is prohibited from retaliation or attempts to influence the patient to use the alternate pharmacy.</p> <p>A PBM may not penalize or provide an inducement to the beneficiary for the purpose of getting the beneficiary to use specific retail, mail- order pharmacy, or another network pharmacy provider in which a PBM has an ownership or controlling interest or that has an ownership or controlling interest in a PBM. This provision does not apply to employers, unions, associations, or other persons who employ, own, operate, control, or contract directly with a pharmacy or</p>	
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<p>Patient Cost-Sharing</p>	<p>Copay Accumulator Programs: When calculating an enrollee's contribution to any applicable cost-sharing requirement, a health insurance issuer shall include any cost-sharing amounts paid by the enrollee or on behalf of the enrollee by another person. For high-deductible health plans, these requirements shall only apply after a covered individual meets their minimum cost-sharing necessary to remain HSA-eligible.</p> <p>Copay Cap: A health coverage plan shall include at least one insulin from each therapeutic class in the plan's formulary.</p> <p>A health coverage plan shall not impose a cost-sharing provision for insulin in the health coverage plan's formulary if the total amount the enrollee is required to pay exceeds \$75 dollars per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the enrollee's prescription.</p> <p>The copay cap shall increase annually by the percentage change from the preceding year in the prescription drug component of the Consumer Price Index.</p>	<p>La. Stat. Ann. § 22:976.1</p> <p>La. RS § 22:1034.1</p>