State PBM Reform Inventory

Updated October 2026

Idaho

Issue	Summary	Citation
Licensing/Registration	A person may not perform any pharmacy benefit management service unless the person is registered as a PBM with the Department of Insurance. PBMs must apply by April 1 of each year using a form prescribed by the director.	Idaho Code Ann. § 41-349 (3)
Reporting Requirements	The PBM shall disclose the following information to each health plan, payer, and pharmacy with which the PBM has a contract to provide pharmacy benefit management services: • The cost, price, and reimbursement of the prescription drug; • Each fee, markup, and discount charged or imposed by the PBM; or • The aggregate amount of all remuneration the PBM receives from a prescription drug manufacturer for a prescription drug, including any rebate, discount, administration fee, and any other payment or credit obtained or agreement for pharmacy benefit management services to a health plan or payer. No later than January 1, 2025, and each year thereafter, each licensed PBM shall report to the director of the Department of Insurance the following information: • The aggregate amount of the difference between the amount the PBM paid each pharmacy on behalf of the health plan for prescription drugs; and • If at any time during the reporting year the PBM moved or reassigned a prescription drug to a formulary tier that has a higher cost, higher copayment, higher coinsurance, higher deductible to a consumer, or lower reimbursement to a pharmacy, an explanation of the reason why the drug was moved or reassigned, including whether the move or reassignment was determined or requested by a prescription drug manufacturer or other entity. • Any PBM that owns, controls, or is affiliated with a pharmacy shall also report any difference in reimbursement rates or	Idaho Code Ann. § 41-349 (6); Idaho Code Ann. § 41-349 (10)

	practices, direct and indirect remuneration fees or other price concessions, and claw backs between a pharmacy that is owned, controlled, or affiliated with the PBM and any other pharmacy.	
PBM Income	**Spread Pricing:** A PBM shall not charge a pharmacy benefits plan or program a different amount for a prescription drug's ingredient cost or dispensing fee than the amount the PBM reimburses a pharmacy for the prescription drug's ingredient cost or dispensing fee, where the PBM retains the amount of any such difference. **Rebate Pass-Through:** The PBM shall pass along or return 100% of any manufacturer rebate to a pharmacy benefits plan or program, including any payment, discount, incentive, fee, price concession, or other remuneration	Idaho Code Ann. § 41-349 (4); Idaho Code Ann. § 41-349 (5)

Pharmacy Contracting	**MAC Pricing:**
	A PBM using MAC pricing may place a drug on a MAC list if the PBM does the following:
	• Ensures that the drug:
	  ○ Is listed as A-rated 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
	  ○ Has an NR or NA rating or a similar rating by a nationally recognized reference; and
	  ○ Is available for purchase by pharmacies in the state from national or regional wholesalers and is not obsolete;
	
	• Provides to a network pharmacy, at the time a contract is entered into or renewed with the network pharmacy, the sources used to determine the MAC pricing for the MAC list specific to that provider;
	• Reviews and updates MAC price information at least once every 7 business days to reflect any modification of MAC pricing;
	• Establishes a process for eliminating products from the MAC list or modifying MAC prices in a timely manner to remain consistent with pricing changes and product availability in the marketplace;
		Idaho Code Ann. § 41-349 (7);
		
		Idaho Code Ann. § 41-349 (11)

	• Establishes a process by which a network pharmacy, or a network pharmacy's contracting agent, may appeal the reimbursement for a generic drug no later than thirty (30) days after such reimbursement is made; and • Provides a process for each of its network pharmacies to readily access the MAC list specific to that provider. **Patient Steering:** Pharmacy networks must meet or exceed Medicare Part D program standards for convenient access to network pharmacies and: • Do not limit a network to solely include affiliated pharmacies; • Do not require a covered person to receive a prescription drug by United States mail, common carrier, local courier, third-party company or delivery service, or pharmacy direct delivery unless the prescription drug cannot be acquired at any retail pharmacy in the PBM's network for the covered person's pharmacy benefits plan or program. The provisions of this subparagraph do not prohibit a PBM from operating mail order or delivery programs on an opt-in basis at the sole discretion of a covered person, provided that the covered person is not penalized through the imposition of any additional retail cost-sharing obligations or a lower allowed-quantity limit for choosing not to select the mail order or delivery programs; • For the in-person administration of covered prescription drugs, prohibit requiring a covered person to receive pharmacist services from an affiliated pharmacy or an affiliated health care provider; and • Prohibit offering or implementing pharmacy networks that require or provide a promotional item or an incentive to a covered person to use an affiliated pharmacy or an affiliated health care provider for the in-person administration of covered prescription drugs or advertising, marketing, or promoting an affiliated pharmacy to covered persons. Provided, however, a PBM may include an affiliated pharmacy in communications to covered persons regarding network pharmacies and prices as long as the PBM includes information, such as links to all nonaffiliated network pharmacies, in such communications and that the	

	information provided is accurate and of equal prominence. The provisions of this subparagraph may not be construed to prohibit a PBM from entering into an agreement with an affiliated pharmacy to provide pharmacist services to covered persons.	
Patient Cost-Sharing	**Maximum Cost-Sharing Levels:** The PBM may not communicate at the point-of-sale, or otherwise require, a cost-sharing obligation for the covered person in an amount that exceeds the lesser of: • The applicable cost-sharing amount under the applicable pharmacy benefits plan or program; or • The amount that will be retained by the pharmacy.	Idaho Code Ann. § 41-349 (13)