State PBM Reform Inventory

Updated October 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	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. **Medicaid:** 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 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; La 2026 Act No. 914

	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. • Identification of any other monies retained by the PBM not otherwise provided for in this Subsection that are not reimbursed to pharmacists	
PBM Income	**Spread Pricing:** No PBM shall engage in spread pricing or effective rate pricing. **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. **Rebate Pass-Through:** A PBM may negotiate but shall not retain rebates and fees. All rebates shall be passed through to clients. **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. PBMs may earn income only from; • A flat dollar service fee charged on a per-person/per-month/per-prescription/per-event basis. This shall cover all administrative, clinical, print, electronic and related costs. • A flat dollar performance bonus payment paid by a client health benefit plan. Pharmacy benefit management fee covers the cost of providing one or more PBM services and does not exceed the value of the services actually performed. A PBM shall not;	La. Stat. Ann. § 22:1867; La. Stat. Ann. § 39:1648; La 2026 Act No. 914

	• Engage in any activity which increases the cost of prescription drugs to health plans or enrollees • Restrict or impair access to prescription drugs except as required by the design of the health plan • Obtain a rebate, incentive, discount on a name brand drug in exchange for not placing another name brand drug, biosimilar, generic, or other drug in the same class on the PBM formulary, unless the discount is returned to the health insurance issuer or plan sponsor. • Design a formulary to favor a branded pharmaceutical or biologic over a therapeutically equivalent generic or biosimilar unless the branded drug has a lower NAC and that is reflected in lower out-of-pocket expenses or premiums for enrollers. • Use its formulary to effectively ban the use of certain pharmacies. • Base fees on the acquisition cost or price metric of a drug, amount of savings or rebates, the amount of premiums, deductibles, or cost-sharing from patients. • Earn income is based on prescription drug list prices, acquisition cost, or other prescription drug pricing metrics.	
Pharmacy Contracting	**MAC Pricing:** Before a PBM places or continues a particular NDC or MAC List, the following requirements shall be met: • 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:	La. Stat. Ann. § 22:1864; La. Stat. Ann. § 40:2870; La. 2026 Act No. 913; La 2026 Act No. 914; La. 2026 Act No. 706

	○ 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. A PBM shall do all the following: • 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. **Utilization Management:** A commercial insurer shall not require prior authorization for the dispensing or reimbursement of a generic non-opioid medication if the WAC is no more than $250 per prescription. **Patient Steering:** 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. 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 pharmacist for the purpose of managing or controlling prescription costs paid for the benefit of an employee or member or those covered by the employee or member's plan, or when the persons contract with a PBM to steer employees or members to pharmacists or pharmacies which the person owns, operates, or controls. A PBM, affiliate, or subsidiary shall not directly or indirectly prohibit or restrict a pharmacy or pharmacist from offering services or products to increase transparency, access, and affordability or prescription drugs for patients. **Reimbursement:** A PBM must adopt a reimbursement formula using NADAC as the prescription drug pricing benchmark and a professional dispensing fee established by the Louisiana Department of Health for the Louisiana Medicaid program. The professional dispensing fee shall reflect the actual cost of professional services provided. **Audits:** Audits may only be completed once annually, at maximum. The audit shall be limited to claims submitted within the last twelve months prior to the audit date. **Appeal Process:** A PBM must adopt an appeal process for pharmacists to challenge claim payment errors. If a claim payment error occurred, the PBM shall make an additional payment. The administrative appeal shall allow a pharmacy or pharmacist the option to submit a consolidated appeal representing multiple substantially similar claims. The PBM is prohibited from amending or changing the amount a consumer must pay for an out-of-pocket cost share or expense. Pharmacy benefit management service includes;	

	• Negotiating the price of prescription drugs, rebates, discounts, or other price concessions
	• Managing any aspect of a prescription drug benefit
	• Performing any administrative, managerial, clinical, pricing, financial, data administration, reporting, billing services
	
	Formulary Adjustments:
	Other than at the time of coverage renewal, while an insured is taking a prescription drug, a PBM shall not
	• Remove the prescription drug from its list of covered drugs unless;
	  ○ The FDA issue a statement regarding the safety of the drug
	  ○ The manufacturer discontinues the drug
	  ○ The drug becomes available OTC
	• Reclassify the drug to a more restrictive tier
	• Increase the amount paid for a copayment, coinsurance, or deductible.	

Patient Cost-Sharing	**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. **Copay Cap:** A health coverage plan shall include at least one insulin from each therapeutic class in the plan's formulary. 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. The copay cap shall increase annually by the percentage change from the preceding year in the prescription drug component of the Consumer Price Index.	La. Stat. Ann. § 22:976.1; La. RS § 22:1034.1