State PBM Reform Inventory

Updated October 2026

Maryland

Issue	Summary	Citation
Licensing/Registration	A PBM shall register with the Insurance Administration as a PBM before providing pharmacy benefits management services to purchasers. An applicant shall file with the commissioner an application on the form that the commissioner provides and pay a registration fee set by the commissioner (currently $5,000). A PBM registration expires on the second September 30 after it is approved. A carrier may not enter into an agreement with a PBM that has not registered with the Commissioner.	Md. Code Ins. Law § 15–1604; Md. Code Ins. Law §15–1605; Md. Code Ins. Law §15–1606
Reporting Requirements	A PBM shall maintain adequate books and records about each purchaser for which the PBM provides pharmacy benefits management services for the duration of the agreement between the PBM and the purchaser; and for 3 years after the PBM ceases to provide pharmacy benefits management services for the purchaser. Whenever the Commissioner considers it advisable, the Commissioner may examine the affairs, transactions, accounts, and records of a registered PBM. Before entering into a contract with a purchaser, a PBM shall inform the purchaser that the PBM may: • Solicit and receive manufacturer payments; • Pass through or retain the manufacturer payments depending on the contract terms with a purchaser; • Sell aggregate utilization information; and • Share aggregate utilization information with other entities	Md. Code Ins. Law §15–1608; Md. Code Ins. Law §15–1609; Md. Code Ins. Law §15–1623; Md. Code Ins. Law §15–1624

	Before entering into a contract with a purchaser, a PBM shall offer to provide the purchaser a report that contains the: • Net revenue of the PBM from sales of prescription drugs to purchasers made through the PBM's network of contractually affiliated retail pharmacies or through the PBM's mail order pharmacies, with respect to the PBM's entire client base of purchasers; and • The amount of all manufacturer payments earned by the PBM. If a purchaser has a rebate sharing contract, a PBM shall offer to provide the purchaser a report for each fiscal quarter and each fiscal year that contains the amount of the: • Net revenue of the PBM from sales of prescription drugs to purchasers made through the PBM's network of contractually affiliated retail pharmacies or through the PBM's mail order pharmacies, with respect to the PBM's entire client base of purchasers; • Total prescription drug expenditures applicable to the purchaser; • Total manufacturer payments earned by the PBM during the applicable reporting period; and • Total rebates applicable to the purchaser during the applicable reporting period. If the exact amount of each item is not known by the PBM at the time of its report, the PBM shall offer to provide its current best estimate of the amount of each item. The PBM shall provide an updated report containing the exact amount of each item immediately after it becomes available.	
PBM Income	N/A	
Pharmacy Contracting	**Patient Steering:** A PBM may not require that a beneficiary use a specific pharmacy or entity to fill a prescription if: • The PBM or a corporate affiliate of the PBM has an ownership interest in the pharmacy or entity; or • The pharmacy or entity has an ownership interest in the PBM or a corporate affiliate of the PBM. Non-oncology specialty drugs are exempt from the patient steering provision.	Md. Code Ins. Law §15–1611.1; Md. Code Ins. Law §15–1612; Md. Code Ins. Law §15–1628.1

	Minimum Reimbursement: A PBM may not reimburse a pharmacy or pharmacist for a pharmaceutical product or pharmacist service in an amount less than the amount that the PBM reimburses itself or an affiliate for providing the same product or service. This requirement does not apply to reimbursements paid to mail-order pharmacies, chain pharmacies with more than 15 stores, or claims for non-oncology specialty drugs. **MAC Pricing:** In each participating pharmacy contract, the PBM shall include the sources used to determine MAC pricing. A PBM shall update its pricing information at least every 7 days, establish a reasonable process by which a contracted pharmacy has access to the current and applicable MAC price lists in an electronic format, and use the updated pricing information in calculating the payments made to all contracted pharmacies. Before placing a prescription drug on a MAC list, a PBM shall ensure that: • The drug is listed as "A" or "B" rated in the most recent version of the U.S. Food and Drug Administration's approved drug products with therapeutic equivalence evaluations, also known as the Orange Book, or has an "NR" or "NA" rating or similar rating by a nationally recognized reference; • If a drug is manufactured by more than one manufacturer, the drug is generally available for purchase by contracted pharmacies, including contracted retail pharmacies, in the State from a wholesale distributor with a permit in the State; or • If a drug is manufactured by only one manufacturer, the drug is generally available for purchase by contracted pharmacies, including contracted retail pharmacies, in the State from at least two wholesale distributors with a permit in the State; and • The drug is not obsolete, temporarily unavailable, or listed on a drug shortage list as currently in shortage.	

	A PBM shall maintain a procedure to eliminate products from the list of drugs subject to MAC pricing as necessary. A product on the MAC list shall be eliminated from the list by the PBM within 7 days after the PBM knows of a change in the availability of the product. For disputes regarding MAC pricing, each participating pharmacy contract must include a process to appeal, investigate, and resolve disputes regarding MAC pricing that includes: • A requirement that an appeal be filed by the contract pharmacy no later than 21 days after the date of the initial adjudicated claim; • A requirement that, within 21 days after the date the appeal is filed, the PBM investigate and resolve the appeal and report to the contracted pharmacy on the PBM's determination on the appeal; • A requirement that a PBM make available on its website information about the appeal process; • A requirement that a PBM provide a reason for any appeal denial as well as the NDC of a drug and the name of the wholesale distributor from which the drug was available on the date the claim was adjudicated at a price at or below the MAC determined by the PBM; and • If an appeal is upheld, a requirement that the PBM adjust the MAC for the drug as of the date of the original claim for payment and allow the appealing pharmacy and similarly situated pharmacies in the state to reverse and rebill the claim.	
Patient Cost-Sharing	**Copay Adjustment Programs:** Starting January 1, 2026, when calculating an enrollee's contribution to a cost-sharing requirement, carriers must include any discount, financial assistance payment, product voucher, or other out-of-pocket expense made by or on behalf of the enrollee for covered prescription drugs that do not have a generic equivalent, or have a generic equivalent and the enrollee obtained coverage through prior authorization, a step therapy protocol, or the exception or appeal process. If an enrollee is covered under a high-deductible health plan, the requirements for calculating the enrollee's contribution to cost-sharing do not apply to the deductible requirement.	Md. Code Ins. Law § 15-118.1; Md. Code Ins. § 15-822.1

	Copay Cap: These requirements apply to insurers and nonprofit health service plans, HMOs, and PBMs contracted with these entities. An entity subject to this section shall limit the amount a covered individual is required to pay in copayments or coinsurance for a covered prescription insulin drug to not more than $30 for a 30-day supply, regardless of the amount or type of insulin needed to fill the covered individual's prescription.	