State PBM Reform Inventory

Updated October 2026

Michigan

Issue	Summary	Citation
Licensing/Registration	A PBM that provides services to residents of this state shall apply for, obtain, and maintain a license to operate as a PBM from the director. A license under this act is renewable biennially and is nontransferable.	MCL § 550.821

Reporting Requirements	By April 1, 2025, and each April 1 after that date, a PBM shall file a transparency report with the director that contains the following information:
	• The aggregate WACs from a manufacturer or wholesale distributor for each therapeutic category of drugs for the PBM's Michigan plan sponsors, net of rebates and other fees and payments, direct or indirect, from all sources.
	• The aggregate amount of rebates that PBM received from all manufacturers for the PBM's Michigan plan sponsors. The aggregate amount of rebates must include any utilization discounts the PBM receives from a manufacturer or wholesale distributor.
	• The aggregate amount of all fees that the PBM received.
	• The aggregate amount of rebates that the PBM received from all manufacturers that were not passed through to Michigan health plans or insurers.
	• The aggregate amount of fees that the PBM received from all manufacturers that were not passed through to Michigan health plans, carriers, or insurers.
	• The aggregate retained rebate percentage from business conducted in this state.
	• All of the following information attributable to patient use of prescription drugs covered by Michigan health plans:
	  ○ The aggregate amount of rebates and fees that the PBM received from manufacturers.
	  ○ The aggregate amount of rebates and fees that the PBM received from manufacturers were either of the following:
	  ▪ Passed through to Michigan health plans or enrollees at the point of sale of a prescription drug.
		MCL § 550.833

	▪ Retained by the PBM. These reporting requirements do not apply to a contract between a PBM and the Medicaid program.	
PBM Income	**Spread Pricing:** A PBM shall not conduct spread pricing in this state. However, if a contract between a plan sponsor and a health plan is in effect on the effective date of this act and the contract conflicts with this subsection, for that contract, this subsection applies to the PBM beginning on the date the contract is amended, extended, or renewed, or before January 1, 2028, whichever is earlier.	MCL § 550.827
Pharmacy Contracting	**MAC Pricing:** For each drug that a PBM establishes a MAC, the PBM shall do all of the following: • Provide each pharmacy subject to a MAC list with access to the MAC list and the source used to determine the MAC for each drug. • Update its MAC list at least once every 7 calendar days. • Provide a process for each pharmacy subject to the MAC list to receive prompt notification of an update to the MAC list. • Establish and maintain a reasonable administrative appeals process to allow a pharmacy subject to the MAC list or an agent of a pharmacy subject to the MAC list to challenge the adjudication of a pharmacy's claim. • Investigate and resolve an appeal under this subsection within 14 calendar days after the PBM receives the appeal. An appeal under this subsection must be submitted to the PBM not later than 45 calendar days after the date the pharmacy's claim for reimbursement has been adjudicated. • Respond in writing to any appealing pharmacy or an appealing pharmacy's agent not later than 30 calendar days after receipt of an appeal if the pharmacy filed the appeal more than 10 calendar days after the date the pharmacy's claim for reimbursement is adjudicated. • If an appeal is denied, provide the appealing pharmacy or the appealing pharmacy's agent the NDC number available for purchase in this state at or below the appealed MAC. • If an appeal is granted, permit the pharmacy to reverse and rebill the claim and all claims for the drug.	MCL § 550.837

	Before a PBM places or continues a drug on a MAC list, all of the following conditions must be met: • The drug is available for purchase by pharmacies in this state from wholesale distributors operating in this state. • The drug is not obsolete. • The drug is a multiple source drug.	
Patient Cost-Sharing	**Maximum Cost-Sharing Levels:** A carrier, health plan, or PBM shall not require a covered person or enrollee to make a payment for a prescription drug at the point of sale in an amount greater than the lesser of the following: • The applicable copayment, coinsurance, and deductible. • The final reimbursement amount to the network pharmacy.	MCL § 550.831