State PBM Reform Inventory

Updated October 2026

Nevada

Issue	Summary	Citation
Licensing/Registration	In Nevada, PBMs are required to register as TPAs. Requirements to obtain a certificate of registration as an administrator can be found under NRS 683A.08522.	NRS § 679B.133

Reporting Requirements	On or before February 1 of each year, the Department of Business and Industry shall compile:
	• A list of prescription drugs that the Department determines to be essential for treating diabetes in this State and the WAC of each such drug on the list. The list must include, without limitation, all forms of insulin and biguanides marketed for sale in this State.
	• A list of the drugs described above that have been subject to an increase in the WAC of a percentage equal to or greater than:
	  ○ The percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding calendar year; or
	  ○ Twice the percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding 2 calendar years.
	• A list of prescription drugs with a WAC exceeding $40 for a course of therapy that have been subject to an increase in the WAC of a percentage equal to or greater than:
	  ○ Ten percent during the immediately preceding calendar year; or
	  ○ Twenty percent during the immediately preceding 2 calendar years.
	
	On or before April 1 of each year, a PBM shall submit a report to the Department of Business and Industry containing:
	• The current WAC of each drug included on either or both of the most current lists compiled by the Department pursuant to paragraphs (a) and (c) of subsection 1 of NRS 439B.630 and the minimum and maximum WAC of each such drug during the immediately preceding year;
		NRS § 679B.630;
		
		NRS § 679B.645

	• The total number of units of each drug included on either or both of the most current lists compiled by the Department for which the PBM negotiated directly with the manufacturer for purchases of the drug for use in in this State during the immediately preceding calendar year;
	• The number of units of each drug included on either or both of the most current lists compiled by the Department for which the PBM negotiated directly with the manufacturer during the immediately preceding calendar year for purchases of the drug for use in this State by:
	  ○ Recipients of Medicare;
	  ○ Recipients of Medicaid;
	  ○ Persons covered by other governmental third parties;
	  ○ Persons covered by commercial insurers; and
	  ○ Persons covered by other third parties not described above.
	• The aggregate amount of the rebates that the PBM negotiated with manufacturers during the immediately preceding calendar year for purchases of prescription drugs included on the most current lists compiled by the Department, in total for each of those lists and for each drug included on such a list;
	• The aggregate amount of the rebates that were retained by the PBM, in total for each of the most current lists compiled by the Department and for each drug included on such a list;
	• The aggregate amount of the rebates that were negotiated for purchases of prescription drugs for use by persons in each category in total for each of the most current lists compiled by the Department and for each drug included on such a list;
	• The amount of discounts, dispensing fees or other fees that the PBM negotiated with pharmacies, prescription drug networks or PSAOs during the immediately preceding calendar year for purchases of prescription drugs included on the most current lists compiled by the Department in total for each list and for each drug included on such a list;
	• The amount of discounts, dispensing fees or other fees which were negotiated for purchases of prescription drugs for use by persons in each category in total for each of the	

	most current lists compiled by the Department and for each drug included on such a list; and • Any other information prescribed by regulation of the Department.	
PBM Income	**Spread Pricing (Medicaid):** The Nevada Department of Health and Human Services is required to contract with a single PBM to administer pharmacy benefit management services for the state's Medicaid and CHIP programs. Starting January 1, 2030, the department's contract with the state PBM may not permit spread pricing.	NRS 38 § 422.406
Pharmacy Contracting	**Minimum Reimbursement (Medicaid):** The Nevada Department of Health and Human Services is directed to establish a pricing benchmark, the Nevada Average Acquisition Cost, to measure the average acquisition cost of prescription drugs purchased by pharmacies and Medicaid providers in the state. Starting January 1, 2030, the state PBM shall use a reimbursement methodology adopted by the department that is based on a pharmacy's acquisition cost plus a professional dispensing fee that may vary by pharmacy type.	NRS 38 § 422.4053
Patient Cost-Sharing	**Maximum Cost-Sharing Levels:** A PBM shall not charge a copayment or coinsurance for a prescription drug in an amount that is greater than the total amount paid to a pharmacy that is in the network of providers. **Copay Cap:** Starting October 1, 2025, an insurer or health benefit plan shall not impose a deductible, copayment, coinsurance, or other cost-sharing obligation for a covered prescription insulin drug that exceeds $35 for a 30-day supply. This requirement does not apply to Medicaid or state employee benefit plans.	NRS § 683A.179; NRS § 683A.177-179