State PBM Reform Inventory

Updated October 2026

Ohio

Issue	Summary	Citation
Licensing/Registration	PBMs must obtain a dedicated Ohio PBM license to solicit Ohio-based plan sponsors or provide PBM services. The initial application fee is $2000 with a $3000 annual renewal fee.	Oh. Rev. Code § 3957.04
Reporting Requirements	A PBM shall disclose to the plan sponsor whether or not the PBM uses the same MAC list when billing a plan sponsor as it does when reimbursing a pharmacy. If a PBM uses multiple MAC lists, the PBM shall disclose in the aggregate to a plan sponsor any differences between the amount paid to a pharmacy and the amount charged to a plan sponsor. These disclosures shall be made within 10 days of PBM and a plan sponsor signing a contract or on a quarterly basis. Note: This disclosure requirement does not apply to ERISA or Medicare Part D plans. **Medicaid:** The Ohio Medicaid program shall select a single PBM to administer pharmacy benefits for all Medicaid MCO plans. The state PBM shall provide to the Medicaid director a quarterly report containing the following information from the immediately preceding quarter: • The prices that the state PBM negotiated for prescribed drugs under the care management system. The price must include any rebates the state PBM received from the drug manufacturer; • The prices the state PBM paid to pharmacies for prescribed drugs; • Any rebate amounts the state PBM passed on to individual pharmacies; • The percentage of savings in drug prices that are passed on to participants in the care management system;	Oh. Rev. Code § 3957.25; Oh. Rev. Code § 5167.243

	• The information described in division (C) of section 5167.24 of the Revised Code; and • Any other information required by the director.	
PBM Income	N/A	
Pharmacy Contracting	**MAC Pricing:** In each contract between a PBM and a pharmacy, the pharmacy shall be given the right to obtain from the PBM, within 10 days after any request, a current list of the sources used to determine MAC pricing. In each contract between a PBM and a pharmacy, the PBM shall be obligated to update and implement the pricing information at least every 7 days and provide a means by which contracted pharmacies may promptly review MAC pricing updates in an electronic format. A PBM shall utilize the most up-to-date pricing data when calculating drug product reimbursements for all contracting pharmacies within 1 business day of any price update or modification. A PBM shall maintain a written procedure to eliminate products from the list of drugs subject to MAC pricing in a timely manner. A PBM may not place a drug on a MAC list unless: • The drug is listed as "A" or "B" rated in the most recent version of the FDA's approved drug products with therapeutic equivalence evaluations, or has an "NR" or "NA" rating or similar rating by nationally recognized reference; and • The drug is generally available for purchase by pharmacies in this state from a national or regional wholesaler and is not obsolete. Each contract between a PBM and a pharmacy shall include an electronic process to appeal, investigate, and resolve disputes regarding MAC pricing that includes all of the following: • A 21-day limit on the right to appeal following the initial claim; • A requirement that the appeal be investigated and resolved within 21 days after the appeal; • A telephone number at which the pharmacy may contact the PBM to speak to a person responsible for processing appeals;	Oh. Rev. Code § 3957.25

	• A requirement that a PBM provide a reason for any appeal denial, including the NDC and the identity of the national or regional wholesalers from whom the drug was generally available for purchase at or below the benchmark price determined by the PBM; • A requirement that if the appeal is upheld or granted, then the PBM shall adjust the drug product reimbursement to the pharmacy's upheld appeal price; • A requirement that a PBM make an adjustment not later than 1 day after the date of determination of the appeal. The adjustment shall be retroactive to the date the appeal was made and shall apply to all similarly situated pharmacies.	
Patient Cost-Sharing	**Maximum Cost-Sharing Levels:** No health plan issuer, PBM, or any other administrator shall require cost-sharing in an amount, or direct a pharmacy to collect cost-sharing in an amount, greater than the lesser of either of the following from an individual purchasing a prescription drug: • The amount an individual would pay for the drug if the drug were to be purchased without coverage under a health benefit plan; • The net reimbursement paid to the pharmacy for the prescription drug by the health plan issuer, PBM, or administrator.	Oh. Rev. Code § 3957.26