State PBM Reform Inventory

Updated October 2026

Oklahoma

Issue	Summary	Citation
Licensing/Registration	A PBM must obtain a license from the Insurance Department, and the department may charge a fee for such licensure. The department shall establish, by regulation, licensure procedures, required disclosures for PBMs (PBMs), and other necessary rules.	59 O.S. § 358 (OSCN 2026)
Reporting Requirements	A PBM shall fully disclose to insurers, self-funded employers, unions, or other PBM clients the existence of the respective aggregate prescription drug discounts, rebates received from drug manufacturers, and pharmacy audit recoupments. PBM contracts with these entities shall grant unrestricted audit rights and access to the respective PBM pharmaceutical manufacturer and provider contracts, plan utilization data, plan pricing data, pharmacy utilization data and pharmacy pricing data. A PBM shall report to the Attorney General on a quarterly basis for each health insurer: • The aggregate amount of rebates received by the PBM; • The aggregate amount of rebates distributed to the appropriate health insurer payor; • The aggregate amount of rebates passed on to the enrollees of each health insurer payor at the point of sale that reduced the applicable deductible, copayment, coinsurance or other cost- sharing amount of the enrollee; • The individual and aggregate amount paid by the health insurer payor to the PBM for pharmacy services itemized by pharmacy, drug product and service provided; and • The individual and aggregate amount a PBM paid a provider for pharmacy services itemized by pharmacy, drug product and service provided. A PBM shall provide, upon request by the covered entity, information regarding the difference in the amount paid to providers for prescription services rendered to covered individuals and the amount billed by the PBM to the covered	36 O.S. § 6962 (OSCN 2026); 59 O.S. § 359 (OSCN 2026)

	entity or plan sponsor to pay for prescription services rendered to covered individuals.	
PBM Income	**Spread Pricing:** A PBM shall not conduct spread pricing.	36 O.S. § 6962 (OSCN 2026)
Pharmacy Contracting	**MAC Pricing:** Starting November 1, 2025, a PBM shall, with respect to contracts between a PBM and a provider, including a pharmacy service administrative organization: • Include the specific sources utilized to determine the MAC pricing of the pharmacy, update MAC pricing at least every 7 calendar days, and establish a process for providers to readily access the MAC list specific to that provider; • Ensure that 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, also known as the Orange Book, and the drug is generally available for purchase by pharmacies in the state from national or regional wholesalers and is not obsolete; • Ensure dispensing fees are not included in the calculation of MAC price reimbursement to pharmacy providers; • Provide a reasonable administration appeals procedure to allow a provider, a provider's representative, or a pharmacy service administrative organization to contest reimbursement amounts within 14 calendar days of the final adjusted payment date. The PBM shall not prevent the pharmacy or the pharmacy service administrative organization from filing reimbursement appeals in an electronic batch format. The PBM must respond to a provider, a provider's representative, or a pharmacy service administrative organization who have contested a reimbursement amount through this procedure within 10 calendar days. The PBM must respond in an electronic batch format to reimbursement appeals filed in an electronic batch format. The PBM shall not require a pharmacy or PSAO to log into a system to upload individual claim appeals or to download individual appeal responses. If a price update is warranted, the PBM shall make the change in the reimbursement amount, permit the dispensing pharmacy to reverse and rebill the claim in question, and make the	59 O.S. § 360 (OSCN 2026); 36 O.S. § 6961 (OSCN 2026); 36 O.S. § 6962 (OSCN 2026); 36 O.S. § 6963 (OSCN 2026)

	reimbursement amount change retroactive and effective for all contracted providers; and • If a below-cost reimbursement appeal is denied, the PBM shall provide the reason for the denial, including the NDC number and name of the specific national or regional wholesalers doing business in this state where the drug is currently in stock and available for purchase by the dispensing pharmacy at a price below the PBM's reimbursement price. If the NDC number provided by the PBM is not available below the acquisition cost obtained from the pharmaceutical wholesaler from whom the dispensing pharmacy purchases the majority of the prescription drugs that are dispensed, the PBM shall immediately adjust the reimbursement amount, permit the dispensing pharmacy to reverse and rebill the claim in question, and make the reimbursement amount adjustment retroactive and in effect for all contracted providers for future claims billed. **Minimum Reimbursement:** If a drug is placed on the FDA Drug Shortages Database, PBMs shall reimburse claims to pharmacies at no less than the WAC for the specific NDC number being dispensed. No PBM or third-party payor shall enter into any contract that establishes payment for services or medications based on an effective rate of reimbursement. **Patient Steering:** A PBM shall not: • Restrict an individual's choice of in-network provider for prescription drugs. • Require or incentivize using any discounts in cost-sharing or a reduction in copay or the number of copays to individuals to receive prescription drugs from an individual's choice of in-network pharmacy. • Reimburse a pharmacy or pharmacist in the state an amount less than the amount that the PBM reimburses a pharmacy owned by or under common ownership with a PBM for providing the same covered services;	

	• Require patients to use pharmacies that are directly or indirectly owned by the PBM, including all regular prescriptions, refills, or specialty drugs regardless of day supply; • Use mail-order pharmacies to meet access standards for retail pharmacy networks; or • Include the name of any pharmacy, hospital or other providers unless it specifically lists all pharmacies, hospitals and providers participating in the preferred and nonpreferred pharmacy and health networks.	
Patient Cost-Sharing	**Copay Adjustment Programs:** Failure to include any amount paid by an enrollee or on behalf of an enrollee by another person when calculating the enrollee's total contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other cost-sharing requirement constitutes an unfair claims settlement practice. This does not apply to individuals enrolled in an HSA-eligible high-deductible health plan until they meet their minimum deductible. **Copay Cap:** Any health benefit plan that provides coverage for insulin shall cap the total amount that a covered person is required to pay for insulin at an amount not to exceed $30 per 30-day supply or $90 per 90-day supply of insulin for each covered insulin prescription, regardless of the amount or type of insulin needed to fill the prescription or prescriptions of the covered person.	36 O.S. § 1250.5 (OSCN 2026); 36 O.S. § 6060.2 (OSCN 2026)