

American Health Lawyers Association

# Pharmacy Maximum Allowable Cost (MAC) Laws: A 50 State Survey

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## ***Preface***

This 50 state survey (current as of June 1, 2017) details laws passed in the various states governing the way in which payers, including Pharmacy Benefit Managers (PBMs), may reimburse pharmacies for products dispensed to patients. Payers frequently utilize so called “MAC” or “Maximum Allowable Cost” pricing, primarily for generic drugs and brand-name drugs that have generic equivalents. MAC pricing was originally developed by state Medicaid agencies to ensure that pharmacies were incentivized to seek out and dispense the lowest-cost version of equivalent products. PBMs and private payers adopted MAC for the same reasons, but managing MAC pricing has become growingly contentious for various reasons, including unpredictability for pharmacies and the difficulties in determining the actual cost of any given drug in the market. The AWP (Average Wholesale Price) and

WAC (Wholesale Acquisition Cost) of drugs are two pricing measures set by manufacturers, and are widely reported by several sources (including First Data Bank and MediSpan), however these prices often have little or no relation to the actual cost of the drugs in the marketplace, particularly for generic drugs. When setting MAC pricing, PBMs and other payers generally look to any available drug pricing data with the goal of determining the prices that pharmacies likely pay to acquire the product, and provide a level of profit to pharmacies while seeking out the lowest cost products. This process varies by PBM and payer, and therefore results in different payments being made by different PBMs and payers. Furthermore, MAC prices change frequently. All of this can result in uncertainty on the part of pharmacies regarding the price they will be paid for dispensing a particular drug to a particular patient.

While MAC is a creation of contracts between the pharmacies and payers, because of the criticality of the pharmaceutical supply chain, many state legislatures have stepped in to regulate the way payers and PBMs set MAC prices. This survey summarizes the MAC pricing laws in the various states and the District of Columbia. Of course, this is an ever changing area, and the reader should always check for updates to the laws summarized here. In addition, readers should be aware that several of the state laws summarized herein provide rule making authority to departments of insurance in various states. Readers should consult the appropriate department of insurance or equivalent institution’s regulations when analyzing the impact of these laws.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Alabama	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Alaska	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arkansas	Yes.  Ark. Code Ann. § 17-92-507.	Yes.  (1) Shall be listed as therapeutically equivalent and pharmaceutically equivalent "A" or "B" rated in the United States Food and Drug Administration's most recent version of the "Orange Book" or "Green Book" or has an NR or NA rating by Medi-Span, Gold Standard, or a similar rating by a nationally recognized reference;  (2) Shall be available for purchase by each pharmacy in the state from national or regional wholesalers operating in Arkansas; and  (3) Shall not be obsolete.	Yes.  A PBM shall provide access to its MAC List to each pharmacy subject to the MAC List and shall provide a process for each pharmacy to receive prompt notification of an update to the MAC List.	Yes.  A PBM shall update its MAC List on a timely basis, but in no event longer than 7 business days from a 10% increase or more in the pharmacy acquisition cost from 60% or more of the pharmaceutical wholesalers doing business in the state or a change in the methodology or value of a variable on which the MAC List is based.	Yes.  Pharmacies can challenge the maximum allowable costs and reimbursements as (a) not meeting the conditions for inclusion or (b) being below the pharmacy acquisition cost.	Yes.  The PBM shall provide a dedicated telephone number and email address or website for the purpose of submitting administrative appeals.	Yes.  The pharmacy has at least 7 business days to file an administrative appeal.  The PBM shall respond within 7 business days after receipt of the challenge.	Yes.  The PBM shall make the change in the maximum allowable cost for the challenging pharmacy and each similarly situated pharmacy as defined by the payer subject to the MAC List; permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question; and provide the National Drug Code number that the increase or change is based on to the pharmacy.	Yes.  The PBM shall provide the challenging pharmacy the National Drug Code number and name of national or regional pharmaceutical wholesalers that have the drug in stock at a price lower than the MAC List; or, if the National Drug Code number provided by the PBM is not available below the pharmacy acquisition cost, the PBM shall adjust the MAC List above the challenging pharmacy's acquisition cost and permit the pharmacy to reverse and rebill each claim affected.	Yes.  A pharmacy or pharmacist may decline to provide services to a patient or PBM if, as a result of the MAC List, a pharmacy or pharmacist is to be paid less than the pharmacy acquisition cost.

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California	Yes.  Cal. Bus. & Prof. Code § 4440.	Yes.  (1) The drug is listed as "A" or "B" rated in the most recent version of the federal Food and Drug Administration's approved drug products with therapeutic equivalent evaluations, also known as the Orange Book, or has an "NA," "NR," or "Z" rating or a similar rating by a nationally recognized pricing reference, such as Medi-Span or First DataBank;  (2) The drug is generally available for purchase in the state from a national or regional wholesaler; and  (3) The drug is not obsolete.	Yes.  A PBM shall include in the contract with a contracting pharmacy information identifying any national drug pricing compendia or other data sources used to determine the MAC.  Upon request, a PBM shall make available to a contracting pharmacy the most up-to-date MAC List for patients served by that pharmacy in a readily accessible, secure, and usable Web-based format or other comparable format.	Yes.  A PBM shall review and make necessary adjustments to the MAC of each drug on the list using the most recent data sources available at least once every 7 days.	Yes.  Pharmacies can challenge the MAC if (A) the MAC is below the cost at which the drug is available for purchase by similarly situated pharmacies in the state from a national or regional wholesaler or (B) the drug does not meet the conditions for inclusion.	No.	Yes.  The pharmacy has at least 14 business days following receipt of payment for the claim to file an appeal.  The PBM shall make a final determination regarding the appeal within 7 business days of the receipt of the appeal.	Yes.  The PBM shall adjust the MAC of the appealed drug for the appealing pharmacy and all similarly situated contracting pharmacies in the state within 1 calendar day of the date of determination. The PBM shall permit the appealing pharmacy to reverse and resubmit the claim upon which the appeal was based to receive corrected reimbursement.	Yes.  The PBM shall provide the reason for denial and the national drug code of an equivalent drug that may be purchased by a similarly situated pharmacy at the price that is equal to or less than the MAC of the appealed drug.	Yes.  A contracting pharmacy shall not disclose to any third party the MAC list and any related information it receives.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Colorado	Yes.  Colo. Rev. Stat. Ann. § 25-37-103.5.	Yes.  (a) The drug is listed as "A" or "B" rated in the most recent version of the United States food and drug administration's approved drug products with therapeutic equivalent evaluations, also known as the orange book, or has an "NR" or "NA" rating or similar rating by a nationally recognized reference;  (b) The drug is generally available for purchase by pharmacies in this state from a national or regional wholesaler and is not obsolete.	Yes.  In each contract between a PBM and pharmacy, the pharmacy shall be given the right to obtain a current list of the sources used to determine MAC pricing within 10 days after any request.  The PBM shall provide the means for contracting pharmacies to promptly review pricing updates in a format that is readily available and accessible.	Yes.  The PBM shall update the pricing information at least every 7 days.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall provide a telephone number at which a pharmacy may contact the PBM to speak to a person responsible for processing appeals.	Yes.  Pharmacies have no more than 21 days to file an appeal following the initial claim.  The PBM must investigate and resolve the appeal within 21 days after the appeal.	Yes.  A PBM must make an adjustment no later than 1 day after the date of determination. This requirement does not prohibit a PBM from retroactively adjusting a claim for the appealing pharmacy or for another similarly situated pharmacy.	Yes.  The PBM must provide a reason for any appeal denial and identify the national drug code of a drug that may be purchased by the pharmacy at or below the benchmark price as identified by the PBM.  The PBM must make an adjustment to a date no later than 1 day after the date of determination. This requirement does not prohibit a PBM from retroactively adjusting a claim for the appealing pharmacy or another similarly situated pharmacy.	No.
Connecticut	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Delaware	Yes.  Del. Code Ann. tit. 18 § 3322B; § 3323B; § 3324B.	Yes.  (1) It is listed as "A" or "B" rated in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalent Evaluations, also known as the Orange Book, or has an "NR" or "NA" rating or a similar rating by a nationally recognized reference;  (2) It is generally available for purchase by pharmacies in the state from national or regional wholesalers; and  (3) It is not obsolete.	Yes.  The PBM must make available to each network provider at the beginning of the contract term and upon renewal the sources utilized to determine the MAC pricing.  The PBM must provide a process for network pharmacies to readily access the MAC list specific to that provider.	Yes.  The PBM must review and update the MAC price information at least once every 7 business days and update the information when there is a modification of maximum allowable cost pricing.	Yes.  A contracted pharmacy can appeal if the reimbursement for the drug is less than the net amount that the network provider paid to the supplier of the drug.	No.	Yes.  A contracted pharmacy has 10 calendar days after the applicable fill date to file an appeal.  The PBM must respond with notice that the challenge has been denied or sustained within 10 calendar days of the pharmacy making the claim for which an appeal has been submitted.	Yes.  The PBM shall make the price correction, permit the reporting pharmacy to reverse and rebill the appealed claim, and make the price correction effective for all similarly situated pharmacies from the date of the approved appeal.	Yes.  The PBM must provide the reason for the denial and the name and the national drug code number from national or regional wholesalers operating in Delaware.	Yes.  The PBM must ensure that dispensing fees are not included in the calculation of MAC.
District of Columbia	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Florida	Yes. Fla. Stat. Ann. § 465.1862.	No.	No.	Yes. The PBM must update its MAC pricing information at least once every 7 calendar days.  The PBM must maintain a process that will, in a timely manner, eliminate drugs from MAC lists or modify drug prices to remain consistent with changes in pricing data used in formulating MAC prices and product availability.	No.	No.	No.	No.	No.	Yes. The maximum allowable cost excludes dispensing fees.

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Georgia	Yes.  Ga. Code Ann. § 33-64-9.	Yes.  A PBM may not place a drug on a multi-source generic list unless there are at least two therapeutically equivalent, multi-source generic drugs, or at least one generic drug available from only one manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.	Yes.  The contract must include the sources utilized to determine the multi-source drug pricing.	Yes.  PBMs must update pricing information at least every 5 business days.	Yes.  Appeals shall be upheld if the pharmacy was not reimbursed based upon pricing information that was updated within 5 business days or if the drug does not meet the drug inclusion requirements.	No.	Yes.  The pharmacy's right to appeal is limited to 14 calendar days following reimbursement of the initial claim.  The health benefit plan issuer or PBM shall respond to an appeal no later than 14 calendar days after the date the appeal was received.	Yes.  The health benefit plan issuer or PBM shall: (1) Adjust the MAC price that is the subject of the appeal effective on the day after the date the appeal is decided; (2) Apply the adjusted MAC price to all similarly situated pharmacies and pharmacists; and (3) Allow the pharmacist or pharmacy that succeeded in the appeal to reverse and rebill the pharmacy benefits claim giving rise to the appeal.	Yes.  The PBM shall provide the reason for the denial and identify the national drug code of a drug product that may be purchased by contracting pharmacies at a price at or below the MAC.	No.



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<b>Hawaii</b>	Yes.  Haw. Rev. Stat. Ann. § 328-106.	Yes.  (1) The drug is listed as "A" or "B" rated in the most recent version of the Orange Book, or has an "NR", "NA", or similar rating by a nationally recognized reference;  (2) The drug is generally available for purchase in this State from a national or regional wholesaler; and  (3) The drug is not obsolete.	Yes.  The PBM shall include (1) information identifying any national drug pricing compendia; or (2) other data sources for the MAC list in the contract information with a contracting pharmacy.  Upon request, a PBM shall make available to a contracting pharmacy the most up-to-date MAC price or prices used by the PBM for patients served by the pharmacy in a readily accessible, secure, and usable web-based or other comparable format.	Yes.  The PBM shall review and make necessary adjustments to the MAC at least once every 7 days using the most recent data sources available, and shall apply the updated MAC list beginning that same day to reimburse the contracted pharmacy.	Yes.  A contracting pharmacy may base its appeal on one or more of the following: (A) the MAC for a drug is below the cost at which the drug is available for purchase by similarly situated pharmacies; or (B) the drug does not meet the inclusion requirements.	No.	Yes.  A contracting pharmacy shall have no less than 14 business days following receipt of payment for a claim to file the appeal.  The PBM shall make a final determination no later than 14 days after receipt of the appeal.	Yes.  The PBM shall adjust, for the appealing contracting pharmacy, the MAC of the drug that is the subject of the appeal within 1 calendar date of the decision on the appeal, and shall allow the contracting pharmacy to reverse and rebill the appealed claim.	Yes.  The PBM shall provide the reason for the denial and the national drug code of an equivalent drug that may be purchased by a similarly situated pharmacy at a price that is equal or less than the MAC of the drug that is the subject of the appeal.	Yes.  A contracting pharmacy shall not disclose to any third party the MAC list and any related information it receives.
<b>Idaho</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Illinois</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Indiana</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Iowa	Yes.  Iowa Code Ann. § 510B.6; § 510B.8; Iowa Admin. Code r. 191-59.2(510B); r. 191-59.7(510B); r. 191-59.5(510B); r. 191-59.8(510B); r. 191-59.10(507, 510, 510B).	Yes.  Maximum reimbursement amounts are established for (1) multiple-source prescription drugs prescribed after the expiration of any generic exclusivity period, and (2) any prescription drug with at least two or more A-rated therapeutically equivalent, multiple-source prescription drugs with a significant cost difference.	Yes.  The PBM shall include in a contract with a pharmacy information regarding which of the national compendia is used to obtain pricing data used in calculation of the maximum reimbursement amount.  The maximum reimbursement amount list shall be made available to pharmacies through a readily accessible and easily usable online format, or in some other readily accessible and easily usable format.	Yes.  The PBM must update its maximum reimbursement amount list at least every 3 business days.	Yes.  Pharmacies may comment on, contest, or appeal the maximum reimbursement amount rates or maximum reimbursement amount list.	No.	Yes.  The right to comment on, contest, or appeal shall be limited in duration.  The PBM shall provide a process, reasonable in procedures and timing to both the pharmacy and the PBM, to allow a pharmacy to comment on, contest, or appeal a maximum reimbursement amount rate or list.	Yes.  The right to comment on, contest, or appeal shall allow for retroactive payment in the event that it is determined that maximum reimbursement amount pricing has been applied incorrectly.	No.	Yes.  Regulations provide for extensive oversight of PBM activities, including their determination of maximum reimbursement amounts. See IAC 191-59.10(507,510.510B); IAC 191-59.8(510B).  Note that parts of this law have been declared unconstitutional by the 8th Circuit Court of Appeals in <i>Pharmaceutical Care Management Association v. Gerhart</i> , No. 15-3292
Kansas	Yes.  Kan. Stat. Ann. § 40-3830.	Yes.  There must be (1) at least two therapeutically equivalent multi-source generic drugs or at least one generic drug available from at least one manufacturer generally available for purchase by network pharmacies from national or regional wholesalers and (2) the drug may not be obsolete.	Yes.  The PBM shall provide to each network pharmacy at the beginning of a contract term and upon request thereafter the sources utilized to determine the MAC price, and the PBM shall provide a process for each network pharmacy to readily access the maximum allowable price specific to that provider.	Yes.  The PBM shall review and update each applicable MAC list every 7 business days and apply the updates to reimbursements no later than 1 business day.	Yes.  There are no specified grounds for appeal.	No.	Yes.  The network pharmacy must file an appeal no later than 10 business days after the fill date.  The PBM shall respond no later than 10 business days after receiving an appeal request containing sufficient information to process the appeal as	Yes.  The PBM shall make the adjustment in the drug price effective no later than 1 business day after the appeal is resolved, shall make the adjustment applicable to all similarly situated network pharmacies, and shall permit the appealing pharmacy to reverse and rebill the appealed claim.	Yes.  The PBM shall provide the appealing pharmacy with the national drug code number from a national or regional wholesaler operating in Kansas where the drug is generally available for purchase at a price equal to or less than the MAC.	Yes.  Dispensing fees cannot be included in the calculation of maximum allowable cost.

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							specified in the contract.			

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Kentucky	Yes.  Ky. Rev. Stat. Ann. § 304.17A-162.	Yes.  Drugs must be (a) generally available for purchase by pharmacists and pharmacies in KY from a national or regional wholesaler licensed in KY by the KY Board of Pharmacy; (b) not obsolete, temporarily unavailable, or listed on a drug shortage list; (c) (1) have an "A" or "B" rating in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations, also known as the Orange Book; or (2) rated "NR" or "NA" or have a similar rating by a nationally recognized reference.	Yes.  The PBM shall make available to all contracted pharmacies information identifying the national drug compendia or sources used to obtain the drug price data; and shall make available to all contracted pharmacies the comprehensive list of drugs subject to MAC and the MAC for each drug.	Yes.  The PBM shall review and make necessary adjustments to the MAC at least every 7 calendar days and shall immediately utilize the updated MAC in calculating payments to all contracting pharmacies; and the PBM shall make available to all contracted pharmacies weekly updates to the MAC.	Yes.  There are no specified grounds for appeal.	No.	Yes.  The right to appeal is limited to 60 days following the initial claim.  The appeal shall be investigated and resolved by the PBM within 10 calendar days.	Yes.  The PBM shall: make the change in the MAC to the initial date of service the appealed drug was dispensed; adjust the MAC for the appealing pharmacy and for all other contracted pharmacies in the PBM's network that filled a prescription for patients covered under the same health benefit plan; individually notify all other contracted pharmacies in the PBM's network that a retroactive MAC adjustment was made as a result of the granted appeal; adjust the reimbursement for contracted pharmacies that resubmit claims to reflect the adjusted MAC; allow the appealing pharmacy and all other contracted pharmacies that filled prescriptions under the same health plan to reverse & resubmit claims and receive payment based on the adjusted MAC; make retroactive price adjustments in the next payment cycle.	Yes.  The PBM shall provide the reason for the denial and identify the national drug code of a drug product and source where it may be purchased by contracting pharmacies at a price at or below the MAC.	No.

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Louisiana	Yes.  La. Stat. Ann. § 22:1864; § 22:1865.	Yes.  Drug must be: (1) 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, or have an "NR" or "NA" rating or a similar rating by a nationally recognized reference; (2) available for purchase by pharmacies in the state from national or regional wholesalers; and (3) not be considered obsolete.	Yes.  PBMs are required to provide access to its MAC list to each pharmacy subject to the list.	Yes.  PBMs must update its MAC on a timely basis, but no longer than 7 calendar days from a change in the methodology on which MAC is based or in the value of a variable involved in the methodology; and provide a process for each pharmacy to review an update to the MAC.	Yes.  MACs can be challenged as not meeting the requirements of this section or being below the cost at which the pharmacy may obtain the drug.	No.	Yes.  Pharmacies may file an appeal within 7 business days after the applicable fill date.  PBM shall respond within 7 business days after receipt of the challenge.	Yes.  PBM shall make the change in the MAC list, permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question, and make the change effective for each similarly situated pharmacy as defined by the payer.	Yes.  The PBM shall provide the challenging pharmacy or pharmacist the NDC number from national or regional wholesalers operating in Louisiana.	Yes.  A violation of 22:1865 (appeals process) shall be deemed an unfair and deceptive act and practice pursuant to R.S. 22:1961.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
<b>Maine</b>	Yes.  Me. Rev. Stat. Ann. tit. 24-A, § 4317.	Yes.  Drug must be: (1) rated as "A" or "B" in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations, also known as the Orange Book, or an equivalent rating from a successor publication, or is rated as "NR" or "NA" rating or a similar rating by a nationally recognized pricing reference ; and (2) not obsolete and generally available for purchase by pharmacies in the state from national or regional wholesalers by pharmacies having a contract with the PBM.	Yes.  PBM shall, upon request, disclose the sources used to establish the MAC list.	Yes.  The PBM shall establish a process from removing or modifying a drug from the MAC list in a timely manner to remain consistent with changes to such costs and availability of the drug in the national marketplace.  At least once every 7 business days, the PBM shall review & update the MAC list to reflect any modification of the maximum allowable reimbursement.	Yes.  There are no specified grounds for appeal.	No.	Yes.  The right to appeal is limited to 14 days following the initial claim.  The PBM shall respond to, investigate, and resolve appeals within 14 days of receipt of the appeal.	Yes.  The PBM shall make the appropriate adjustment in the MAC and permit the challenging pharmacy or pharmacist to reverse and rebill the claim in question.	Yes.  The PBM shall provide the challenging pharmacy or pharmacist the national drug code from national or regional wholesalers of a comparable drug that may be purchased at or below the MAC.	Yes.  Applies to contracts executed or renewed on or after September 1, 2016.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
<b>Maryland</b>	Yes.  Md. Code Ann., Ins. § 15-1628.1.	Yes.  Drug must be: (1) 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, or have an "NR" or "NA" rating or a similar rating by a nationally recognized reference; and (2) generally available for purchase by contracted pharmacies in the state from national or regional wholesalers and not obsolete.	Yes.  PBM shall include the sources used to determine MAC pricing in the contract, and shall provide a means by which contracted pharmacies may promptly review pricing updates in a format that is readily available and accessible.	Yes.  PBM shall update its pricing information at least every 7 days and maintain a procedure to eliminate products from the list in a timely manner to remain consistent with pricing changes in the marketplace.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall include a telephone number at which the contracted pharmacy may contact the PBM to speak to an individual responsible for processing appeals.	Yes.  Appeal must be filed no later than 21 days after the date of the initial claim.  The PBM must investigate and resolve the appeal within 21 days after the date the appeal is filed.	Yes.  The PBM must make the change in the MAC list no later than 1 business day after the date of determination on the appeal and permit the appealing contracting to reverse & rebill the claim, and any subsequent similar claims.	Yes.  PBM shall provide the reason for any denial and the national drug code of a drug that may be purchased by the contracted pharmacy at a price at or below the benchmark price determined by the PBM.'	No.
<b>Massachusetts</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Michigan</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Minnesota</b>	Yes.  Minn. Stat. Ann. § 151.71.	Yes.  PBM shall ensure that the drug is generally available for purchase by pharmacies in this state from a national or regional wholesaler and is not obsolete.	Yes.  In each contract, pharmacy shall be given the right to obtain a current list of sources used to determine MAC pricing.	Yes.  The PBM shall update the pricing information at least every 7 business days and shall provide a means by which contracting pharmacies may promptly review current prices in an electronic, print, or telephonic format	Yes.  There are no specified grounds for appeal.	No.	Yes.  Pharmacies have 15 business days following the initial claim to file an appeal.  The PBM shall investigate and resolve the appeal within 7 business days after the appeal is received.	Yes.  PBM shall make an adjustment to the MAC no later than 1 business day after the date of determination. The price adjustment shall be applicable to all similarly situated network pharmacy providers as defined by the plan sponsor.	Yes.  The PBM must provide a reason for any appeal denial and identify the national drug code of a drug that may be purchased by the pharmacy at or below the benchmark price as identified by the PBM.	No.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
				within 1 business day at no cost to the pharmacy.						
<b>Mississippi</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Missouri</b>	Yes.  Mo. Ann. Stat. § 376.388.	Yes.  A PBM may not place a drug on a MAC list unless there are at least 2 therapeutically equivalent multi-source generic drugs, or at least one generic drug available from at least one manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.	Yes.  The PBM shall include the sources utilized to determine the MAC.	Yes.  The PBM shall update pricing information at least every 7 days, and shall maintain a procedure to eliminate drugs or modify pricing on the MAC list at least every 7 days if such drugs do not meet the standards and requirements of this section.	Yes.  Appeals shall be upheld if the pharmacy was not reimbursed based upon pricing information that was updated within 7 business days or if the drug does not meet the drug inclusion requirements.	No.	Yes.  The right to appeal is limited to 14 calendar days following reimbursement of the initial claim.  The PBM shall respond to appeals no later than 14 calendar days after the date the appeal was received.	Yes.  The PBM shall adjust the MAC price that is the subject of the appeal effective on the day after the appeal is decided; apply the adjusted MAC price to all similarly situated pharmacies; and allow the pharmacy that succeeded in the appeal to reverse & rebill the claim giving rise to the appeal.	Yes.  The PBM shall provide the reason for the denial and identify the national drug code of a drug product that may be purchased by contracting pharmacies at a price at or below the MAC.	No.



State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
<b>Montana</b>	Yes.  Mont. Code Ann. § 33-22-171; § 33-22-172; § 33-22-173.	Yes.  Drug must: (1) be listed as "A" or "B" rated in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations, or have an "NR" or "NA" rating or a similar rating by a nationally recognized reference; (2) available for purchase by pharmacies in the state from national or regional wholesalers; and (3) not be obsolete.	Yes.  At the time it enters into a contract and subsequently upon request, a PBM shall provide the pharmacy with the sources used to determine MAC pricing. The PBM must also provide a process for each pharmacy to readily access the MAC list specific to the pharmacy in a searchable and usable format.	Yes.  The PBM shall review and update the price information for each drug on the MAC list at least once every 10 calendar days; establish a process for eliminating products from the MAC list or modifying prices in a timely manner to remain consistent with pricing changes and product availability.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall provide a telephone number at which a network pharmacy may contact the PBM to discuss the status of the appeal.	Yes.  The pharmacy shall file its appeal within 10 calendar days of its submission of the initial claim for reimbursement.  The PBM shall respond no later than 10 calendar days after the date the appeal is made.	Yes.  The PBM shall make an adjustment in the drug price effective on the date the appeal is resolved; make the adjustment applicable to all similarly situated pharmacies as determined by the PBM; and permit the appealing pharmacy to reverse and rebill the claim in question, using the dates of the original claim or claims.  The PBM shall make price adjustments to all similarly situated pharmacies within 3 days.	Yes.  The PBM shall state the reason for the denial and provide the national drug code of an equivalent drug that is available for purchase at a price that is equal to or less than the MAC.	No.
<b>Nebraska</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Nevada</b>	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
New Hampshire	Yes. N.H. Rev. Stat. Ann. § 420-J:8.	No.	Yes. All contracts shall include the sources used by the pharmacy benefit manager (including national drug pricing compendia) to calculate the drug product reimbursement paid for covered drugs. The PBM shall also make available to a contracted pharmacy the actual MAC for each drug.	Yes. The PBM shall review and make necessary adjustments for every drug for which the price has changed at least every 14 days.	Yes. There are no specified grounds for appeal.	No.	Yes. The contract must allow the pharmacy to file an appeal at least 30 business days following the initial claim.  The PBM must investigate and resolve the appeal within 30 business days.	Yes. The PBM shall, within 30 business days of granting the appeal, make the change in the MAC, and permit the challenging pharmacy/pharmacist to reverse and rebill the claim in question.	Yes. The PBM shall provide the reason for the denial and identify the national drug code of a drug product that may be purchased at or below the MAC.	No.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
New Jersey	Yes.  N.J. Stat. Ann. § 17B:27F-2; § 17B:27F-4.	Yes.  (1) The drug is listed as therapeutically and pharmaceutically equivalent or "A," "B," "NR," or "NA" rated in the Food and Drug Administration's most recent version of the Approved Drug Products with Therapeutic Equivalence Evaluations, commonly known as the "Orange Book;" and (2) The drug is available for purchase without limitations by all pharmacies in the State from national or regional wholesalers and is not obsolete or temporarily unavailable.	Yes.  The contract must include the sources utilized to determine multiple source generic drug pricing, including, if applicable, the MAC or any successive pricing formula. The PBM must also establish a reasonable process by which contracted pharmacies can access relevant MAC pricing lists and any successive pricing formulas in a timely manner.	Yes.  The PBM must update pricing information every 7 calendar days. It must also maintain a procedure to eliminate drugs from the list or modify MAC rates in a timely fashion.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall provide a telephone number at which a pharmacy may contact the PBM to speak with an individual who is involved in the appeals process.	Yes.  The right to appeal is limited to 14 calendar days following the initial claim.  The PBM shall investigate and resolve the appeal through an internal process within 14 calendar days of receipt of the appeal.	Yes.  The PBM shall make the price correction, permit the reporting pharmacy to reverse and rebill the appealed claim, and make the price correction effective for all similarly situated pharmacies from the date of the approved appeal.	Yes.  The PBM shall provide the reason for the denial and identify the national drug code of a drug product that is available for purchase by contracted pharmacies from registered wholesalers at a price that is equal to or less than the MAC for the appealed drug.	No.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
New Mexico	Yes.  N.M. Stat. Ann. § 59A-61-4.	Yes.  The drug must (a) be 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, (b) have an "NR" or "NA" rating or a similar rating by a nationally recognized reference; and (3) be generally available for purchase by pharmacies in the state from national or regional wholesalers and not be obsolete.	Yes.  The PBM must provide to the network pharmacy provider, at the time a contract is entered into or renewed, the sources used to determine the MAC pricing for the MAC list specific to that provider. It must also establish a process for eliminating products from the MAC list or modifying prices in a timely manner to remain consistent with pricing changes and product availability.	Yes.  The PBM must review and update the MAC price information at least once every 7 business days to reflect any modification of MAC pricing.	Yes.  There are no specified grounds for appeal.	No.	Yes.  The PBM must provide a procedure under which a pharmacy may challenge a listed MAC price and respond to any challenge not later than 15 days after the date the challenge is made.	Yes.  The PBM shall make an adjustment in the drug price effective 1 day after the challenge is resolved, and make the adjustment applicable to all similarly situated network pharmacy providers, as determined by the managed care organization or PBM, as appropriate.	Yes.  The PBM shall provide the reason for the denial and provide a process for each of its network pharmacy providers to readily access the MAC list specific to that provider.	Yes.  A MAC list specific to a provider and maintained by a managed care organization or PBM is confidential.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
New York	Yes.  N.Y. Pub. Health Law § 280-a.	No.	No.	No.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall include a telephone number through which a network pharmacy may contact the PBM for the purpose of filing an appeal and an e-mail address of the individual who is responsible for processing appeals.	Yes.  The right to appeal shall be limited to 30 days following the initial claim submitted for payment.  The PBM shall send an email acknowledging receipt of the appeal, and then respond in electronic message within 7 business days indicating its determination.	Yes.  The MAC shall be adjusted for the appealing pharmacy effective as of the date of the original claim for payment; the PBM shall require the appealing pharmacy to reverse and rebill the appealed claim for reimbursement; and if an update to the MAC is warranted, the PBM shall adjust it for all similarly situated pharmacies in its network on the date the appeal was determined to be valid.	Yes.  The PBM shall identify the national drug code of a therapeutically equivalent drug, as determined by the FDA, that is available for purchase by pharmacies in this state from registered wholesalers at a price that is equal to or less than the MAC.	No.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
North Carolina	Yes.  N.C. Gen. Stat. Ann. § 58-56A-5.	Yes.  The drug must be available for purchase by pharmacies in the state from national or regional wholesalers, not be obsolete, and must meet one of the following conditions: (1) listed as "A" or "B" rated in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Equations, also known as the Orange Book; or (2) has a "NR" or "NA" rating, or similar rating, by a nationally recognized reference.	Yes.  A PBM shall provide a means by which a contracted pharmacy may promptly review current prices in an electronic, print, or telephonic format within 1 business day of a drug's removal or modification.	Yes.  The PBM shall adjust or remove the MAC price for a drug to remain consistent with changes in the national marketplace. A review of the MAC prices shall be completed at least once every 7 business days, and any removal or modification shall occur within 7 business days or review.	Appeal is not addressed	No.	No.	No.	No.	Yes.  N.C.G.S.A. § 58-56A-10 permits the Commissioner of Insurance to levy civil penalties for violations of the MAC sub-section if they constitute a general business practice.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
North Dakota	Yes.  N.D. Cent. Code Ann. § 19-02.1-14.2.	Yes.  A PBM shall not place a drug on a MAC list unless: (a) it has at least 2 nationally available, therapeutically equivalent, multiple source drugs or a generic drug is available only from one manufacturer; (b) it is listed as therapeutically equivalent and pharmaceutically equivalent or "A" or "B" rated in the FDA's most recent version of the "Orange Book" or the drug is "Z" rated; and (c) the drug is generally not available for purchase by pharmacies in the state from national or regional wholesalers and not obsolete.	Yes.  The PBM must provide, at the beginning of each contract and contract renewal, the sources utilized to determine the MAC pricing. The PBM must disclose the sources utilized for setting MAC price rates on each MAC list included under the contract and identify each MAC price list that applies to the contracted pharmacy. The list of MACs shall be made available in a format that is readily accessible and usable to the contracting pharmacy.	Yes.  The PBM must update any MAC price list at least every 7 business days, and provide prompt notification of the pricing changes to network pharmacies.	Yes.  There are no specified grounds for appeal.	No.	Yes.  The contract must provide a reasonable administrative appeals procedure to allow a dispensing pharmacy to contest a MAC price rate.  The PBM shall provide a determination within 7 business days.	Yes.  The PBM shall make the change based on the date of determination and make the adjustment effective for all similarly situated pharmacy providers in the state within the network.	No.	Yes.  A PBM that violates this section is guilty of a Class B misdemeanor.  Dispensing fees shall not be included in the calculation of MAC price reimbursements.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Ohio	Yes.  Ohio Rev. Code Ann. § 3959.111.	Yes.  In each contract, a PBM shall be obligated to ensure that the following conditions are met: (a) drug is listed as "A" or "B" rated in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Equations, or has an "NR" or "NA" rating, or similar rating by a nationally recognized reference, (b) drug is generally available for purchase by pharmacies in this state from a national or regional wholesaler and is not obsolete.	Yes.  In each contract between a PBM and pharmacy, the pharmacy shall be given the right to obtain a current list of the sources used to determine MAC pricing within 10 days after any request.  The PBM shall provide the means for contracting pharmacies to promptly review pricing updates in a format that is readily available and accessible.	Yes.  In each contract, the PBM shall be obligated to update and implement the pricing information at least every 7 days.  A PBM shall maintain a written procedure to eliminate products from the MAC list in a timely manner.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM must provide a telephone number at which the pharmacy may contact the PBM to speak to a person responsible for processing appeals.	Yes.  Each contract shall provide for a process to appeal, investigate, and resolve disputes that includes a 21-day limit on the right to appeal following the initial claim.  The appeal shall be investigated and resolved within 21 days after the appeal.	Yes.  The PBM shall 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 situated pharmacies as determined by the PBM.	Yes.  The PBM shall provide a reason for denial and identify the national drug code of a drug that may be purchased in this state by the pharmacy from a national or regional wholesaler at a price at or below the benchmark price determined by the PBM.	Yes.  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 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 a PBM and plan sponsor signing a contract or within 10 days of any applicable update to a MAC list.



State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Oklahoma	Yes.  Okla. Stat. Ann. tit. 59, § 360; § 365:25-29-9.	Yes.  With respect to contracts between a PBM and a provider, the PBM shall 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 Equations, also known as the Orange Book, or has an "NR" or "NA" rating, or similar rating by a 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.  The PBM may not place a drug on a MAC list unless there are at least 2 therapeutically equivalent, multiple-source drugs, or at least 1 generic drug available from only 1 manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.	Yes.  The PBM shall include in contracts with a provider the sources utilized to determine the MAC pricing of the pharmacy and establish an electronic process for providers to readily access the MAC list specific to that provider. Upon a provider's written request, a PBM shall furnish its MAC list to the provider in paper form or other agreed format.	Yes.  The PBM shall update MAC pricing at least every 7 days.	Yes.  A provider can appeal if it is unable to obtain a drug from a regional or national wholesaler at a price equal to or less than the PBM's MAC.  A provider's appeal shall contain information including but not limited to the date of claim, National Drug Code number, and the identity of the national or regional wholesalers from which the drug was found to be unavailable for purchase by the provider, at or below the PBM's MAC.	No.	Yes.  Appeals shall be presented to the PBM within 10 business days following the prescription claim date.  The PBM must respond to the provider within 10 business days following receipt by the PBM of the notice that the provider is contesting the reimbursement amount.	Yes.  The PBM shall make the correction to its MAC, permit the provider to reverse and rebill the claim in question, and make the MAC correction applicable prospectively for all similarly contracted OK providers.	Yes.  The PBM shall provide the reason for the denial, including the National Drug Code number and the identity of the national or regional wholesalers from whom the drug was generally available for purchase at or below the PBM's MAC.	Yes.  A PBM shall permit the submission of either paper or electronic documentation for the appeal. It shall not require the submission of appeals on an individual claim basis or refuse to accept appeals from a provider's designated representative or require procedures that have the effect of obstructing or delaying the appeal process.  Before beginning business and as contracts are amended, each PBM shall submit to the Insurance Commissioner a certificate signed by an executive officer of the PBM attesting that the provider contracts satisfy the statutory requirements.  Dispensing fees shall not be used in the calculation of MAC price reimbursement to pharmacy providers.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Oregon	Yes.  Or. Rev. Stat. Ann. § 735.534.	Yes.  A PBM may not place a drug on a list unless there are at least 2 therapeutically equivalent, multiple source drugs, or at least 1 generic available from only 1 manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.  The PBM shall also ensure that all drugs on the list are generally available for purchase by pharmacies in this state from national or regional wholesalers and that the drugs are not obsolete.	Yes.  The PBM shall make available to each network pharmacy at the beginning of the contract term, and upon renewal of the contract, the sources utilized to determine the MAC pricing.  The PBM shall also make the list available to a network pharmacy upon request in a format that is readily accessible to and usable by the network pharmacy. Updated lists shall also be made available in this format.	Yes.  The PBM shall update each list every 7 business days.	Yes.  A network pharmacy may appeal if the reimbursement for the drug is less than the net amount the network pharmacy paid to the supplier of the drug.	Yes.  The PBM must provide a telephone number at which the pharmacy may contact the PBM and speak with an individual who is responsible for processing appeals.	Yes.  The requested appeal must be completed within 30 calendar days of the pharmacy making the claim for which appeal is requested.  The PBM must provide a final response to an appeal within 7 business days.	Yes.  The PBM shall make an adjustment for the pharmacy that requested the appeal from the date of initial adjudication forward.  If the request for an adjustment has come from a critical access pharmacy as defined by the Oregon Health Authority, the adjustment approved shall only apply to critical access pharmacies.	Yes.  The PBM shall provide the reason for the denial and the national drug code of a drug that may be purchased at similarly situated pharmacies at a price that is equal to or less than the MAC.	Yes.  Dispensing fees shall not be included in the calculation of MAC.
Pennsylvania	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Rhode Island	Yes.  27 R.I. Gen. Laws Ann. § 27-18-33.2.	Yes.  The PBM must ensure that (1) the product is listed as "A," "AB," 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, or has an "NR" or "NA" rating or similar rating by a nationally recognized reference; and (2) the product is nationally available.  Nationally available means that an adequate supply is available from regional or national wholesalers and that the product is not obsolete or temporarily unavailable.	No.	Yes.  Upon each contract execution or renewal (between a PBM and pharmacy or PBM and pharmacy's contracting rep or agent, such as a pharmacy services administrative organizations), a PBM shall include in such contracts a requirement to update pricing information at least every 10 calendar days.  The PBM shall also maintain a procedure to eliminate products from the list or modify MAC rates when such drugs do not meet the standards and requirements of the statute, in order to remain consistent with pricing changes in the marketplace.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall include a process by which a network pharmacy may contact the PBM regarding the appeals process.	Yes.  The right to appeal shall be limited to 15 days following the initial claim.  The appeal shall be investigated and resolved within 15 days following receipt of the appeal.	Yes.  The PBM shall make an adjustment to the list effective no later than 1 day after the date of determination and the department of health shall exercise oversight and enforcement of the action.	Yes.  The PBM shall provide the reason for the denial and identify the national drug code of a drug product that is available in adequate supply.	No.

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South Carolina	Yes.  S.C. Code Ann. § 38-71-2110; § 38-71-2120; § 38-71-2130; § 38-71-2140.	Yes.  The PBM must ensure that the drug is (1) listed as "A," "AB," 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, (2) generally available for purchase by pharmacies in the state from national or regional wholesalers, and (3) not obsolete.	Yes.  A PBM must make available to each network provider at the beginning of the contract, and upon renewal of the contract, the sources utilized to determine the MAC pricing.  The PBM must also provide a process for network pharmacy providers to readily access the MAC specific to that provider.	Yes.  The PBM must review and update the MAC price information at least once every 7 business days to reflect any modification of MAC pricing.	Yes.  The pharmacy can appeal if the reimbursement for the drug is less than the net amount that the network provider paid to the supplier of the drug.	Yes.  At the beginning of the contract and upon renewal, the PBM must provide a telephone number at which the network provider can contact the PBM to process an appeal.	Yes.  The contracted pharmacy has 10 calendar days after the applicable fill date to appeal.  The PBM must respond within 10 calendar days of the pharmacy making the claim for which appeal has been submitted.	Yes.  The PBM must make an adjustment in the drug price effective the date the challenge is resolved and make the adjustment applicable to all similarly situated network pharmacy providers, as determined by the managed care organization or PBM, as appropriate.	Yes.  The PBM must provide the reason for the denial and the name and the national drug code number from national or regional wholesalers operating in South Carolina.	Yes.  The PBM must ensure that dispensing fees are not included in the calculation of MAC.
South Dakota	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Tennessee	Yes.  Tenn. Code Ann. § 56-7-3104; § 3106; § 3107; § 3108; § 3111.	Yes.  The PBM or covered entity must find that the drug is generally available for purchase by pharmacies in this state from a national or regional wholesaler.  Reimbursement by a pharmacy benefits manager under a contract to a pharmacist or pharmacy for prescription drugs and other products and supplies that is calculated according to a formula that uses a nationally recognized reference in the pricing calculation shall use the most current nationally recognized reference price or amount in the actual or constructive possession of the pharmacy benefits manager or its agent.	Yes.  A PBM or covered entity shall make available to each pharmacy with which it has a contract and to each pharmacy included in a network of pharmacies served by a pharmacy services administrative organization with which the PBM or covered entity has a contract, at the beginning of the contract term and upon renewal:  the sources used to determine the MACs for the drugs and medical products and devices on each list;  every MAC list for individual drugs used by that PBM/covered entity for patients served by that pharmacy;  and, upon request, every MAC list used by that PBM/covered entity for patients served by that pharmacy.  The PBM/covered entity shall make updated lists available in a readily accessible, secure and usable web-based format or other comparable	Yes.  If a drug no longer meets the requirements for inclusion, the drug shall be removed within 5 business days after the date that the PBM or covered entity becomes aware that it no longer meets the requirements.  The PBM/covered entity shall update its MAC list at least every 3 business days.  The PBM shall utilize the updated MAC to calculate the payments made to the contracted pharmacies within 5 business days.	Yes.  A pharmacy may base its appeal on one or more of the following: (1) the MAC established for a particular drug or medical product/device is below the cost at which it is generally available for purchase; or (2) the PBM/covered entity has placed a drug on the list without properly determining that the requirements of § 56-7-3106 were met.	Yes.  The PBM/covered entity shall make available on its secure web site information about the appeals process, including but not limited to, a phone number or process that a pharmacy may use to submit appeals.	Yes.  The pharmacy must file its appeal within 7 business days of its submission of the initial claim for reimbursement.  The PBM/covered entity must make a final determination resolving the appeal within 7 business days of the receipt of the appeal.	Yes.  The PBM/covered entity shall adjust the MAC for the appealing pharmacy. The adjustment shall be effective from the date the appeal was filed, and the PBM/covered entity shall provide reimbursement to the appealing pharmacy and may require the appealing pharmacy to reverse & rebill the claim in question in order to receive the reimbursement.  Once the appeal is upheld, the PBM/covered entity shall adjust the MAC for all similarly situated pharmacies in the network, as determined by the PBM, within 3 business days for claims submitted in the next payment cycle.	Yes.  The PBM/covered entity must state the reason for the denial and provide the national drug code of an equivalent drug that is generally available for purchase at a price that is equal to or less than the MAC for that drug.	Yes.  Nothing in the statute shall be construed as preventing a PBM or covered entity from reimbursing claims for generic drugs at the previously determined MAC even if it reimburses for the equivalent brand name drug at the contracted brand rate after confirmation by a national or regional wholesaler and by the manufacturer that the generic drug is generally unavailable for purchase from a national or regional wholesaler. See § 56-7-3106.  A pharmacy shall not disclose to a third party the MAC lists and any related information it receives from a PBM/covered entity, but that pharmacy may share such lists and related information with a PSAO or similar entity with which the pharmacy has a contract to provide administrative services for that pharmacy. The PSAO or similar entity shall not disclose the information to any third party.

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Texas	<p>Yes.</p> <p>Tex. Gov't Code Ann. § 533.005; Tex. Ins. Code Ann. § 1369.352; § 1369.353; § 1369.354; § 1369.355; § 1369.356; § 1369.357; § 1369.358; § 1560.004</p>	<p>Yes.</p> <p>An issuer of a health benefit plan that provides pharmacy benefits to enrollees shall reimburse pharmacies participating in the health plan using prescription drug reimbursement rates, for both brand name and generic prescription drugs, that are based on a current and nationally recognized benchmark index that includes average wholesale price and maximum allowable cost.</p> <p>The contract must contain a provision that the MCO or PBM, as applicable, to place a drug on a MAC list, must ensure that: (a) 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, has an "NR" or "NA" rating or a similar rating by a nationally recognized reference; and (b) the drug is generally available for purchase by pharmacies in the state from national or regional wholesalers, and is not obsolete.</p>	<p>Yes.</p> <p>The MCO or PBM, as applicable, must provide the sources used to determine the MAC pricing for the list specific to that provider at the time the contract is entered into or renewed.</p> <p>The sources must be disclosed on the date the health plan issuer/PBM enters into a contract and after the contract date, on the request of the pharmacist or pharmacy.</p> <p>A health benefit plan issuer or PBM must provide to each pharmacist or pharmacy under contract a process to readily access the MAC list.</p>	<p>Yes.</p> <p>The contract must contain a provision that the MCO or PBM, as applicable, must review and update the MAC price information at least once every 7 days to reflect any modification or MAC pricing.</p> <p>The contract must establish a process for eliminating products from the MAC list or modifying MAC prices in a timely manner to remain consistent with pricing changes and product availability in the marketplace.</p>	<p>Yes.</p> <p>The contract must provide an appeals process.</p> <p>There are no specified grounds for appeal.</p>	<p>No.</p>	<p>Yes.</p> <p>The pharmacist or pharmacy must be able to appeal the MAC price on or before the 10th day after the date a pharmacy benefit claim for the drug is made.</p> <p>The health benefit plan issuer or PBM shall respond to an appeal in a documented communication not later than the 10th day after the date the appeal is received. Note that this conflicts with a required contract provision that the MCO/PBM must respond to a challenge not later than the 15th day after the date the challenge is made. See Tex. Gov't Code § 533.005(a)(23)(K)(vi)(b).</p>	<p>Yes.</p> <p>The health benefit plan issuer or PBM shall:</p> <p>(1) Adjust the MAC price that is the subject of the appeal effective on the day after the date the appeal is decided;</p> <p>(2) Apply the adjusted MAC price to all similarly situated pharmacies and pharmacists as determined by the health benefit plan issuer or PBM; and</p> <p>(3) Allow the pharmacist or pharmacy that succeeded in the appeal to reverse and rebill the pharmacy benefit claim giving rise to the appeal.</p> <p>Note that (1) conflicts with a required contract provision that the adjustment shall be effective on the date the challenge is resolved.</p>	<p>Yes.</p> <p>The health benefit plan issuer or PBM shall disclose each reason the appeal is denied and the national drug code number from the national or regional wholesalers from which the drug is generally available at the MAC price that is the subject of the appeal.</p> <p>The contract must include a provision that the MCO/PBM shall report to the commission every 90 days the total number of challenges that were made and denied in the preceding 90-day period for each MAC list drug for which a challenge was denied during the period.</p>	<p>Yes.</p> <p>Except for the requirement that the MCO/PBM shall provide a process for each of its network pharmacy providers to readily access the MAC list specific to that provider, the MAC list is confidential.</p> <p>Regardless of whether a pharmacy is a mail order pharmacy or a community retail pharmacy, an issuer of a health benefit plan shall use the same benchmark index, including the same average wholesale price, maximum allowable cost, and national prescription drug codes, to reimburse all pharmacies participating in the health benefit plan.</p>

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Utah	Yes.  Utah Code Ann. § 31A-22-340.	Yes.  A PBM may not use a MAC as a basis for reimbursement unless (a) 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, or has an "NR" or "NA" rating or a similar rating by a nationally recognized reference; and (b) the drug is generally available for purchase by pharmacies in the state from national or regional wholesalers, and is not obsolete.	Yes.  The PBM shall include in the contract with the pharmacy information identifying the national drug pricing compendia and other data sources used to obtain the drug price data.  The PBM shall also include in the contract a process for the pharmacy to obtain an update to the pharmacy product pricing files used to reimburse the pharmacy in a format that is readily available and accessible.	Yes.  The PBM shall review and make necessary adjustments using the most recent data sources at least once per week.	Yes.  The process to appeal shall be included in the contract.	No.	Yes.  The right to appeal shall be limited to 21 days following the initial claim adjudication.  The PBM shall investigate and resolve the appeal within 14 business days.	No.	Yes.  The PBM shall provide the contracted pharmacy with the reason for denial and identify the national drug code of the drug that may be purchased by the pharmacy at a price at or below the price determined by the PBM.	Yes.  The MAC may be determined using comparable and current data on drug prices obtained from multiple nationally recognized, comprehensive data sources, including wholesalers, drug file vendors, and pharmaceutical manufacturers.  The contract shall contain a dispute resolution mechanism in the event that either party breaches the contract.  The statute lays forth registration requirements for the PBM.

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Vermont	Yes.  Vt. Stat. Ann. tit. 18, § 9473	Yes.  In order to be subject to MAC, a drug must be widely available for purchase by all pharmacies in the state, without limitations, from national or regional wholesalers and must not be obsolete or temporarily unavailable.	Yes.  The PBM must make available, in a format that is readily accessible and understandable by a pharmacist, the actual MAC for each drug and the source used to determine the MAC.	Yes.  The PBM must update the MAC at least once every 7 calendar days.	Yes.  There are no specified grounds for appeal.	No.	Yes.  Within 14 calendar days following receipt of a pharmacy claim, the PBM shall either (1) pay/reimburse the claim or (2) notify the pharmacy in writing that the claim is contested or denied.  The PBM must respond in writing to any appealing pharmacy provider within 10 calendar days after receipt of an appeal, provided that a dispensing pharmacy provider shall file any appeal within 10 calendar days from the date its claim for reimbursement is adjudicated.	No.	Yes.  If the claim is contested or denied, the notice to the pharmacy shall include specific reasons supporting the contest or denial and a description of any additional information required for the PBM to determine liability for the claim.	No.



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Virginia	Yes.  Va. Code Ann. § 38.2-3407.15.3.	Yes.  The MAC includes drugs rated as "A," "AB," "NR," or "NA" in the most recent edition of the approved drug products with therapeutic equivalence evaluations, otherwise known as the Orange Book, published by the FDA, or similarly rated by a nationally recognized reference.	Yes.  The contract shall provide a process for each participating pharmacy provider to readily access the MAC list specific to that provider.	Yes.  The contract shall contain a provision that the MAC list will be updated not less frequently than once every 7 days, unless there has been no change to the MAC of any drug on the list since the last update.  It shall also contain a provision to verify, not less frequently than once every 7 days, that the drugs on the MAC list are available to participating pharmacy providers from at least one regional or national pharmacy wholesaler and that the amount for each drug is not obsolete and promptly revise the MAC if necessary to comply with this section.	Yes.  The contract must provide an appeals process.	Yes.  The carrier must provide a telephone number that the participating pharmacy provider can use to speak to a person responsible for processing requests.	Yes.  The participating pharmacy provider shall have 14 days from the date of the initial claim adjudication to file its dispute request.  The dispute request must be investigated and resolved within 14 days of its initiation.	Yes.  The MAC list must be updated within 5 days of the determination of the dispute.	Yes.  The carrier or its intermediary must provide a reason for the denial and the national drug code of the drug under dispute that may be purchased by the participating pharmacy provider for an amount that is equal to or less than the MAC.	Yes.  The contract shall prohibit the intermediary or carrier from terminating or failing to renew its contractual relationship with a participating pharmacy provider for invoking its right under any contractual provision required by the statute.  The Commission shall have no jurisdiction to adjudicate individual controversies arising out of the statute.  The statute shall apply to contracts entered into, amended, extended, or renewed on or after January 1, 2016.

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Washington	<p>Yes.</p> <p>Wash. Rev. Code Ann. § 19.340.100.</p>	<p>Yes.</p> <p>A PBM may not place a drug on a list unless there are at least 2 therapeutically equivalent, multiple source drugs, or at least 1 generic available from only 1 manufacturer, generally available for purchase by network pharmacies from national or regional wholesalers.</p> <p>The PBM shall also ensure that the drugs are readily available for purchase by pharmacies in this state from national or regional wholesalers that serve pharmacies in the state and that all drugs on a list are not obsolete.</p>	<p>Yes.</p> <p>The PBM shall make available to each network pharmacy at the beginning of the contract term, and upon renewal of the contract, the sources utilized to determine the predetermined reimbursement costs for multisource generic drugs.</p> <p>The PBM shall make a list available to a network pharmacy upon request in a format that is readily accessible to and usable by the network pharmacy. Updated lists shall also be made available in a readily accessible and usable format.</p>	<p>Yes.</p> <p>The PBM shall update each list every 7 business days.</p>	<p>Yes.</p> <p>A network pharmacy may appeal if the reimbursement for the drug is less than the net amount the network pharmacy paid to the supplier of the drug.</p> <p>The PBM shall uphold the appeal of a pharmacy with fewer than 15 retail outlets within Washington state under its corporate umbrella if the pharmacy or pharmacist can demonstrate that it is unable to purchase a therapeutically equivalent interchangeable product from a supplier doing business in WA at the PBM's list price.</p>	<p>Yes.</p> <p>A PBM must provide a telephone number at which a network pharmacy may contact the PBM and speak with an individual who is responsible for processing appeals.</p>	<p>Yes.</p> <p>An appeal requested must be completed within 30 calendar days of the pharmacy submitting the appeal. If the network pharmacy has not received a decision after 30 days, the appeal is considered denied.</p>	<p>Yes.</p> <p>The PBM shall make a reasonable adjustment on a date no later than 1 day after the date of determination.</p> <p>If the request for an adjustment has come from a critical access pharmacy, as defined by the state health care authority, the adjustment shall only apply to critical access pharmacies.</p>	<p>Yes.</p> <p>The PBM must provide the reason for the denial and the national drug code of a drug that has been purchased by other network pharmacies in WA at a price that is equal to or less than the predetermined reimbursement cost.</p> <p>A pharmacy with 15+ retail outlets within WA may submit information to the commissioner about an appeal for purposes of information collection and analysis.</p>	<p>Yes. See 13.340.100(6).</p> <p>Beginning July 1, 2017, a network pharmacy appeal can dispute the appeal and request review by the commissioner within 30 calendar days if it was denied or the pharmacy is otherwise unsatisfied with the outcome of the appeal. The commissioner may direct the PBM to make an adjustment to the disputed claim, deny the appeal, or take other actions deemed fair and equitable. The appeal must be completed within 30 calendar days of the request.</p> <p>The commissioner may authorize the office of administrative hearings to conduct hearings under this section. A PBM may not retaliate against a pharmacy for pursuing an appeal under this section. This subsection applies only to a pharmacy with fewer than 15 retail outlets under its corporate umbrella in WA.</p>

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West Virginia	No.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin	Yes. Wis. Stat. Ann. § 632.865.	No.	Yes. The PBM shall agree in each contract or renewal to provide a means by which contracted pharmacies may promptly review pricing updates in a format that is readily available and accessible.	Yes. The PBM shall agree in each contract or renewal to update the MAC pricing information at least every 7 business days. It shall eliminate drugs or devices from the MAC information or modify MAC in a timely fashion consistent with the availability of drugs or devices and pricing changes in the market.	Yes. There are no specified grounds for appeal.	Yes. The PBM shall include a dedicated phone number that the pharmacy can use to speak to a person responsible for processing appeals.	Yes. There shall be a 21-day limit on the right to appeal following the initial claim.  The PBM must investigate and resolve the appeal within 21 days after the date of appeal.	Yes. The PBM shall make a pricing adjustment no later than 1 day after the date of the final determination.	Yes. The PBM shall provide a reason for any appeal denial and the national drug code of a drug or device that may be purchased at a price at or below the MAC.	No.

State	Does the state have a MAC statute and/or regulation?	Do drugs have to meet certain conditions for inclusion on the MAC list?	Is the PBM obligated to provide the MAC list and/or related information to pharmacies?	Is the PBM obligated to update its MAC list? If so, how often?	Can pharmacies appeal the reimbursement level on MAC lists? If so, are there specified grounds for appeal and/or required information that must be included in the appeal?	Does the PBM have to provide any specific information to assist the pharmacy in filing its appeal?	Are there specific mandated deadlines concerning the appeals process?	Are there mandated courses of action if the appeal is upheld?	Are there mandated courses of action if the appeal is denied and/or specific information that must be provided?	Are there any other notable statutory requirements?
Wyoming	Yes.  Wyo. Stat. Ann. § 26-52-104.	Yes.  The PBM shall ensure that the drug is (i) rated as A" or "B" in the most recent version of the FDA's Approved Drug Products with Therapeutic Equivalence Equations, or rated "NR" or "NA," or has a similar rating by a nationally recognized reference, (ii) generally available for purchase by retail pharmacies in this state from national or regional wholesalers and (iii) is not obsolete or temporarily unavailable.  If a therapeutically equivalent drug is unavailable or has limited market presence, an insurer or PBM may place on a MAC list a drug that has: (1) a "B" rating in the most recent version of the FDA's approved drug products with therapeutic equivalence evaluations, also known as the orange book; or (2) an "NR" or "NA" rating or a similar rating by a nationally recognized reference.	Yes.  At the beginning of the contract and upon renewal, the PBM shall make available the sources utilized to determine the MAC pricing.  The PBM shall provide a process for network providers to readily access the MAC applicable to that provider.	Yes.  The PBM shall review and update MAC price information at least once every 7 days to reflect any modification of pricing.	Yes.  There are no specified grounds for appeal.	Yes.  The PBM shall provide a telephone number at which a pharmacy may contact a PBM employee to discuss the appeal.	Yes.  The contracted pharmacy shall have up to 10 business days after dispensing a drug to appeal the amount of the MAC.  The PBM shall respond within 10 business days after the pharmacy makes the appeal.	Yes.  The PBM shall make an adjustment to the MAC no later than 1 day after the date of determination and make the adjustment applicable to all similarly situated network pharmacy providers, as determined by the insurer or PBM. The PBM shall allow the appealing pharmacy to reverse and rebill the claim which was the subject of the appeal.	Yes.  The PBM shall provide the reason for the denial and the national drug code number for the drug that is available for purchase by pharmacies at a price at or below the MAC.	Yes.  Dispensing fees shall not be included in the calculation of MAC.

