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STATE DRUG PRICE TRANSPARENCY LAWS

Please note: This chart is for informational purposes only and does not constitute legal advice or opinions regarding any specific facts relating to the drug price transparency reporting. You should seek the advice of experienced legal counsel when reviewing options and obligations in complying with drug price transparency laws.

State laws and regulations concerning drug policy change quickly. This chart is current as of January 22, 2020.

State	Statute/Bill	Entity	Applicable Drugs	Reporting Requirements	Reports Made To	Reporting Deadline
California	CAL. HEALTH & SAFETY CODE § 127676 Effective January 1, 2018	Manufacturers	Prescription drugs with wholesale acquisition cost ("WAC") of more than forty dollars ($40) for a course of therapy	If the WAC of the drug increases by more than 16 percent. The notice shall include: 1. The date of the increase 2. The current WAC of the prescription drug 3. The dollar amount of the future increase in the WAC 4. A statement regarding whether a change or improvement in the drug necessitates the price increase. If so, the manufacturer shall describe the change or improvement	Purchasers, which includes state agencies, health plans, insurers, and PBMs	Within 60 days prior to the planned effective date of the increase
		Pharmacy Benefit Managers ("PBMs")		Notice must be made when the PBM receives notice from the manufacturer. The statute does not specify the content or format of the notices.	Public and Private Purchasers that provide coverage to more than 500 covered lives	
	CAL. HEALTH & SAFETY CODE § 127679 Effective January 1, 2018	Manufacturers	Prescription drugs with WAC of more than forty dollars ($40) for a course of therapy	A manufacturer shall report for each drug for which the WAC increased by more than 16 percent: 1. A description of the specific financial and nonfinancial factors used to make the decision to increase the WAC of the drug and the amount of the increase, including, but not limited to, an explanation of how these factors explain the increase in the WAC of the drug. 2. A schedule of WAC increases for the drug for the previous five years if the drug was manufactured by the company. 3. If the drug was acquired by the manufacturer within the previous five years, all of the following information: A. The WAC of the drug at the time of acquisition and in the calendar year prior to acquisition. B. The name of the company from which the drug was acquired, the date acquired, and the purchase price. C. The year the drug was introduced to market and the WAC of the drug at the time of introduction. 4. The patent expiration date of the drug if it is under patent. 5. If the drug is a multiple source drug, an innovator multiple source drug, a noninnovator multiple source drug, or a single source drug, as defined in subparagraph (A) of paragraph (7) of subdivision (k) of 42 U.S.C. § 1396r-8. 6. A description of the change or improvement in the drug, if any, that necessitates the price increase. 7. Volume of sales of the manufacturer's drug in the United States for the previous year.	Office of Statewide Health Planning and Development	On a quarterly basis, commencing no earlier than January 1, 2019
	CAL. HEALTH & SAFETY CODE § 127681 Effective January 1, 2018	Manufacturers	New prescription drugs at a WAC that exceeds the threshold set for a specialty drug under Medicare Part D	A manufacturer must provide notice in writing if it is introducing a drug that exceeds the threshold set for a specialty drug under Medicare Part D. Within 30 days after the initial notification, a manufacturer must report the following information: 1. A description of the marketing and pricing plans used in the launch of the new drug in the United States and internationally. 2. The estimated volume of patients that may be prescribed the drug.	Office of Statewide Health Planning and Development	Initial notification within 3 days after the release of the drug in the commercial market Report within 30 days after the initial notification

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				3. If the drug was granted breakthrough therapy designation or priority review by the federal Food and Drug Administration ("FDA") prior to final approval. 4. The date and price of acquisition if the drug was not developed by the manufacturer.		
Colorado	HB 19-1131; Col. Rev. Stat. § 12-42.5-308 and 12-280-308 Effective August 2, 2019	Manufacturers	Prescription drugs	The manufacturer shall provide to a prescriber in writing the WAC of the prescription drug. Additionally, the manufacturer must provide the names of at least three generic prescription drugs from the same therapeutic class.	Prescriber	When providing information concerning the drug to the prescriber
Connecticut	CONN. GEN. STAT. § 19a-754b Effective January 1, 2020	Manufacturers	Pipeline drugs that, in the opinion of the Office of Health Strategy believes may have a significant impact on state expenditures for outpatient prescription drugs	The manufacturer shall submit the following information for the pipeline drug: (A) The primary disease, condition or the therapeutic area studied in connection with such drug, and whether such drug is therapeutically indicated for such disease, condition, or therapeutic area; (B) Each route of administration studied for such drug (C) Clinical trial comparators, if applicable, for such drug; (D) The estimated year of market entry for such drug; (E) Whether the FDA has designated such drug as an orphan drug, a fast track product or a breakthrough therapy; and (F) Whether the FDA has designated such drug for accelerated approval and, if such drug contains a new molecular entity, for priority review.	Connecticut Office of Health Strategy	Upon the creation of the list - The director creates a list of these drugs annually
			As determined by the Office of Health Strategy, the ten outpatient drugs that provide the most substantial cost to the state, considering the net cost of such drugs, or that are most critical to public health The Office will not include any outpatient prescription drug unless the WAC of the drug, less all rebates paid to the state for such drug during the immediately preceding calendar year, (A) increased by (i) at least 20% during the immediately preceding calendar year, or (ii) 50% during the immediately preceding three calendar years, and (B) was not less than 60 dollars for (i) a 30-day supply of such drug, or (ii) a course of treatment of such drug lasting less than 30 days.	The manufacturer of a drug included on the list shall provide (1) A written, description, suitable for public release, of all factors that caused the increase in the WAC of the listed outpatient prescription drug, and (2) Aggregate, company-level research and development and such other capital expenditures that the executive director, in the executive director's discretion, deems relevant for the most recent year for which final audited data are available.		The list is created on or before March 1, 2020, and annually thereafter
	CONN. GEN. STAT. § 38a-479ppp	PBMs	Outpatient prescription drugs	The report must be for the immediately preceding calendar year. The report shall contain the following information for health carriers that delivered, issued for delivery, renewed, amended or continued health care plans that	The Insurance Commissioner	No later than March 1, 2021, and annually thereafter

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	Effective January 1, 2020			included a pharmacy benefit managed by the pharmacy benefits manager during such calendar year: (1) The aggregate dollar amount of all rebates concerning drug formularies used by such health carriers that such manager collected from pharmaceutical manufacturers that manufacture prescription drugs that (A) Were covered by such health carriers during such calendar year, and (B) Are attributable to patient utilization of such drugs during such calendar year; and (2) The aggregate dollar amount of all rebates, excluding any portion of the rebates received by such health carriers, concerning drug formularies that such manager collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that (A) Were covered by such health carriers during such calendar year, and (B) Are attributable to patient utilization of such drugs by covered persons under such health care plans during such calendar year		
Louisiana	LA. R.S. § 2255.11 Effective August 1, 2017	Manufacturers and Pharmaceutical Marketers	Prescription drugs	The party must provide the current WAC information for FDA approved drugs marketed in the state by that manufacturer.	Louisiana Board of Pharmacy	No later than Jan. 1, Apr. 1, Jul. 1, and Oct. 1 of each calendar year
Maine	22 MRSA §8703 Effective January 20, 2020	Manufacturers	Brand-name drugs, generic drugs	A manufacturer shall notify the organization when the manufacturer has during the prior calendar year: A. Increased the WAC of a brand-name by more than 20% per pricing unit B. Increased the WAC of a generic drug that costs at least $10 per pricing unit by more than 20% per pricing unit; or C. Introduced a new drug for distribution in Maine when the WAC is greater than the amount that would cause the drug to be considered a specialty drug under the Medicare Part D program.	Maine Health Data Organization	No later than January 30, 2020 and annually thereafter
		Manufacturers, wholesale drug distributors, PBMs	Specific prescription drugs	Upon request from the organization, the party shall notify the organization of pricing component data per pricing unit of a drug.		
Maryland	MD. HEALTH-GENERAL CODE § 21-2C-08 MD. HEALTH-GENERAL CODE § 21-2C-09 Enacted May 25, 2019	Manufacturers, wholesale distributors, PBMs, health insurance carriers, health maintenance organizations, or managed care organizations	1. Brand name drugs or biologics that, as adjusted annually for inflation in accordance with the Consumer Price Index ("CPI") , have: (i) a launch WAC of $30,000 or more per year or course of treatment; or (ii) A WAC increase of $3,000 or more in any 12-month period, or course of treatment if less than 12 months; 2. Biosimilar drugs that have a launch WAC that is not at least 15% lower than the referenced	To the extent there is no publicly available information to conduct a cost review, the Board shall request from the parties the information to conduct a cost review which may include any document and research related to the manufacturer's selection of the introductory price or price increase of the prescription drug product, including: • Life cycle management • Net average price in the state • Market competition and context • Projected revenue • Estimated value or cost-effectiveness of the prescription drug	Prescription Drug Affordability Board	Upon request by the Board; On or before December 31, 2020, the Board shall collect and review the publicly available information

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			brand biologic at the time the biosimilars are launched; 3. Generic drugs that, as adjusted annually for inflation with the CPI, have a WAC: (i) Of $100 or more for – (1) A 30-day supply lasting a patient for a period of 30 consecutive days based on the recommended dosage approved for labeling by the FDA, (2) A supply lasting a patient for fewer than 30 days based on the recommended dosage approved for labeling by the FDA; or (3) One unit of the drug if the labeling approved by the FDA does not recommend a finite dosage; and (ii) That increased by 200% or more during the immediately preceding 12-month period, as determined by the difference between the WAC and the average of the WAC reported over the immediately preceding 12 months; and 4. Other prescription drug products that may create affordability challenges for the State health care system and patients			
Nevada	NEV. REV. STAT. § 439B.635 Effective October 1, 2017	Manufacturers	Prescription drugs essential for treating asthma and diabetes	The manufacturer shall prepare and submit a report which must include: 1. The costs of producing the drug; 2. The total administrative expenditures relating to the drug, including marketing and advertising costs; 3. The profit that the manufacturer has earned the drug and the percentage of the manufacturer's total profit for the period during which the manufacture has marketed the drug for sale that is attributable to the drug; 4. The total amount of financial assistance that the manufacturer has provided through any patient prescription assistance program; 5. The cost associated with coupons provided directly to consumers and for programs to assist consumer in paying copayments, and the cost of the manufacturer attributable to the redemption of those coupons and the use of those programs; 6. The WAC of the drug; 7. A history of any increases in the WAC of the drug over the 5 years immediately preceding the date on which the report is submitted, including the amount of each such increase expressed as a percentage of the total WAC of the drug, the month and year in which each increase became effective and any explanation of the increase;	Nevada Department of Health and Human Services	On or before April 1 of each year

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				8. The aggregate amount of all rebates that the manufacturer has provided to PBMs for sales of the drug within the state; and 9. Any additional information prescribe by regulation of the Department for purpose of analyzing the cost of prescription drugs relevant to this statute, trends in those costs and rebates available for such drugs.		
	NEV. REV. STAT. § 439B.640 Effective October 1, 2017	Manufacturers	Prescription drugs essential for treating asthma and diabetes This requirement applies to those drugs that have been subject to an increase in the WAC of a percentage equal or greater than: (a) The percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding calendar year; or (b) Twice the percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding 2 calendar years	If it is a qualifying drug, then the manufacturer must submit a report describing the reasons for the increase in cost. The report must include: 1. A list of each factor that has contributed to the increase; 2. The percentage of the total increase that is attributable to each factor; 3. An explanation of the role of each factor in the increase; and any other information prescribed by regulation by the department	Nevada Department of Health and Human Services	On or before April 1 of each year
	NEV. REV. STAT. § 439B.645 Effective October 1, 2017	PBMs	Prescription drugs essential for treating asthma and diabetes	The PBM shall submit a report to the Department which includes: (a) The total amount of all rebates that the PBM negotiated with manufacturers during the immediately preceding calendar for these types of drugs (b) The total amount of all rebates described in paragraph (a) that were retained by the PBM; and (c) The total amount of all rebates described in paragraph (a) that were negotiated for purchases of such drugs for use by: 1. Recipients of Medicare; 2. Recipients of Medicaid; 3. Persons covered by third parties that are governmental entities which are not described in NEV. REV. STAT. § 439B.630 4. Persons covered by third parties that are not governmental entities; and 5. Persons covered by a plan described in subsection 2 below to the extent required by a contract entered into pursuant to subsection 3 Subsection 2: Except as otherwise provided in subsection 3, the requirements of this section do not apply to the coverage of prescription drugs under a plan that is subject to the Employee Retirement Income Security Act of 1974 or any information relating to such coverage. Subsection 3: A plan described in subsection 2 may, by contract, require a PBM that manages the coverage of prescription drugs under the plan to comply with the requirements of this section.	Nevada Department of Health and Human Services	On or before April 1 of each year

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Oregon	HB 4005 Effective March 12, 2018; Operative January 1, 2019	Manufacturer	This requirement is for prescription drugs for which: (a) The price was $100 or more for a one-month supply or for a course of treatment lasting less than one month; and (b) There was a net increase of 10 percent or more in the price of the prescription drug over the course of the previous calendar year	For each qualifying prescription drug, the manufacturer shall report to the department: (a) The name and price of the prescription drug and the net increase, expressed as a percentage, in the price of the drug over the course of the previous calendar year; (b) The length of time the prescription drug has been on the market; (c) The factors that contributed to the price increase; (d) The name of any generic version of the prescription drug available on the market; (e) The research and development costs associated with the prescription drug that were paid using public funds; (f) The direct costs incurred by the manufacturer: A. To manufacture the prescription drug; B. To market the prescription drug; C. To distribute the prescription drug; and D. For ongoing safety and effectiveness research associated with the prescription drug; (g) The total sales revenue for the prescription drug during the previous calendar year; (h) The manufacturer's profit attributable to the prescription drug during the previous calendar year; (i) The introductory price of the prescription drug when it was approved for marketing by the FDA and the net yearly increase, by calendar year, in the price of the prescription drug during the previous five years; (j) The 10 highest prices paid for the prescription drug during the previous calendar year in any country other than the United States; (k) Any other information that the manufacturer deems relevant to the price increase; and (l) The documentation necessary to support the information reported A manufacturer shall provide the following information about each patient assistance program offered by the manufacturer to consumer residing in the state for the qualifying prescription drugs: (a) The number of consumers who participated in the program; (b) The total value of the coupons, discounts, copayment assistance or other reduction in costs provided to consumers in the state who participated in the program; (c) For each drug, the number of refills that qualify for the program, if applicable; (d) If the program expires after a specified period of time, the period of time that the program is available to each consumer; and (e) The eligibility criteria for the program and how eligibility is verified for accuracy.	Oregon Department of Consumer and Business Services	No later than July 1, 2019
	HB 4005 Effective March 12, 2018; Operative March 15, 2019	Manufacturer	For new prescription drugs for sale in the US whose price exceeds the threshold established by the Centers for Medicare and Medicaid Services for specialty drugs in the Medicare Part D program	A manufacturer shall provide the following information: (a) A description of the marketing used in the introduction of the new prescription drug; (b) The methodology used to establish the price of the new drug; (c) Whether the FDA granted the new prescription drug a breakthrough therapy designation or a priority review		No later than 30 days after a manufacturer introduces the drug for sale

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				(d) If the new prescription drug was not developed by the manufacturer, the date of and the price paid for acquisition of the new prescription drug by the manufacturer; (e) The manufacturer's estimate of the average number of patients who will be prescribed the new prescription drug each month; and (f) The research and development costs associated with the new prescription drug that were paid using public funds		
Texas	TEX. HEALTH & SAFETY CODE § 441.0002 Effective September 1, 2019	Manufacturer	All FDA approved drugs sold in or into Texas by the manufacturer	The manufacturer shall submit a report stating the current WAC information	Texas Health and Human Services Commission	No later than the 15th day of each calendar year
			Drugs with a WAC increase of 15% or more from the previous calendar year or 40% or more from the previous three calendar years	The manufacturer shall submit a report containing the following information: (1) The name of the drug; (2) Whether the drug is a brand name or generic; (3) The effective date of the change in WAC; (4) Aggregate, company-level research and development costs for the most recent year for which final audit data is available; (5) The name of the each of the manufacturer's prescription drugs approved by the FDA in the previous three calendar years; (6) The name of each of the manufacturer's prescription drugs that lost patent exclusivity in the United States in the previous three calendar years; (7) A statement regarding the factor that caused the increase in the WAC and an explanation of the role of each factor's impact on the cost.		No later than the 30th day after the effective date of an increase
Vermont	18 V.S.A. § 4635 Effective June 3, 2016	Manufacturer	The top 15 drugs on which the state spends significant health care dollars, and for which the WAC has increased by 50% or more over the past five years or by 15% or more over the past 12 months This list of top 15 drugs is created by the Department of Vermont Health Access.	The manufacturer must provide justification, with supporting information and documentation, which may include: (1) All factors that have contributed to the cost increase; (2) The percentage of the total cost increase attributable to each factor; and (3) An explanation of the role of each factor in contributing to the cost increase	Attorney General	Annually, upon the Attorney General's compiling of the list The Department of Vermont Health Access and the Attorney General must submit a report to the Vermont General Assembly based on the information received from manufacturers before December 1 of each year.
Washington	HB 1224 Effective July 28, 2019	Health Carriers	Prescription drugs	The carrier must submit the following prescription drug cost and utilization data for the previous calendar year for each health plan it offers in the state: (1) The twenty-five prescription drugs most frequently prescribed by health care providers participating in the plan's network; (2) The twenty-five costliest prescription drug spending, and the plan's total spending for each of these prescription drugs; (3) The twenty-five drugs with the highest year-over-year increase in WAC, excluding drugs made available for the first time that plan year, and the percentages of the increases for each of these prescription drugs; (4) The portion of the premium that is attributable to each of the following categories of covered prescription drugs, after accounting for all rebates and discounts (a) Brand name drugs;	Health Care Authority	October 1, 2019, and on a yearly basis thereafter

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				(b) Generic drugs; and (c) Specialty drugs; (5) The year-over-year increase, calculated on a per member, per month basis and expressed as a percentage, in the total annual cost of each category of covered drugs listed in (4), after accounting for all rebates and discounts (6) A comparison, calculated on a per member, per month basis, of the year-over-year increase in the cost of covered drugs to the year-over-year increase in the costs of other contributors to premiums, after accounting for all rebates and discounts (7) The name of each covered specialty drug; and (8) The names of the twenty-five most frequently prescribed drugs for which the health plan received rebates form pharmaceutical manufacturers		
		PBMs	Drugs on the manager's formularies	The PBM must submit the following data from the previous calendar year: (a) All discounts, including the total dollar amount and percentage discount, and all rebates received from a manufacturer for each drug on the PBM's formularies; (b) The total dollar amount of all discounts and rebates that are retained by the PBM for each drug on the PBM's formularies; (c) Actual total reimbursement amount for each drug the PBM pays retail pharmacies after all direct and indirect administrative and other fees that have been retrospectively charged to the pharmacies are applied; (d) The negotiated price health plans pay the PBM for each drug on the PBM's formularies; (e) The amount, terms, and conditions relating to copayments, reimbursement options, and other payments or fees associated with a prescription drug benefit plan; (f) Disclosure of any ownership interest the PBM has in a pharmacy or health plan with which it conducts business; and (g) The results of any appeal filed pursuant to RCW 19.340.100(3)		By March 1 of each year
		Manufacturers	Any prescription drug that: (a) A covered manufacturer intends to introduce to the market at a WAC of $10,000 or more for a course of treatment lasting less than one moth or a 30-day supply, whichever period is longer; or (b) Is currently on the market, is manufactured by a covered manufacturer, and has a WAC of more than $100 for a course of treatment lasting less than one month or a 30-day supply, and taking into account only price increases that take effect after the effective date, the manufacturer increases the WAC at least: (i) 20 percent, including the proposed	The manufacturer must submit the following data for each covered drug: (a) A description of the specific financial and nonfinancial factors used to make the decision to set or increase the WAC of the drug. In the event of a price increase, a covered manufacturer must also submit the amount of the increase and an explanation of how these factors explain the increase in the WAC of the drug; (b) The patent expiration date of the drug if it is under patent; (c) Whether the drug is a multiple source drug, an innovator multiple source drug, a noninnovator multiple source drug, or a single source drug; (d) The itemized cost for production and sales, including the annual manufacturing costs, annual marketing and advertising costs, total research and development costs, total costs of clinical trials and regulation, and total cost for acquisition of the drug; and (e) The total financial assistance given by the manufacturer through assistance programs, rebates, and coupons.		At least 60 days in advance of a qualifying price increase for a covered drug and within 30 days of release of a new covered drug to the market

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			increase and the cumulative increase over one calendar year prior to the date of the proposed increase; or (ii) 50 percent, including the proposed increase and the cumulative increase over three calendar years prior to the date of the proposed increase			
			Any prescription drug that is currently on the market, is manufactured by a covered manufacturer, and has a WAC of more than $100 for a course of treatment lasting less than one month or a 30-day supply, and taking into account only price increases that take effect after the effective date, the manufacturer increases the WAC at least: (i) 20 percent, including the proposed increase and the cumulative increase over one calendar year prior to the date of the proposed increase; or (ii) 50 percent, including the proposed increase and the cumulative increase over three calendar years prior to the date of the proposed increase	For all qualifying price increases of existing drugs, a manufacturer must submit the year the drug was introduced to market and the WAC of the drug at the time of introduction		
			Any drug which the manufacturer increases the price of that they have manufactured for the previous five years or more	The manufacturer must submit a schedule of WAC increases for the drug for the previous five years		
			Any drug that the manufacture acquired within the previous five years	The manufacturer must submit: (a) The WAC of the drug at the time of acquisition and in the calendar year prior to acquisition; and (b) The name of the company from which the drug was acquired, the date acquired, and the purchase price		
			Any prescription drug that: (a) A covered manufacturer intends to introduce to the market at a WAC of $10,000 or more for a course of treatment lasting less than one moth or a 30-day supply, whichever period is longer; or (b) Is currently on the market, is manufactured by a covered manufacturer, and has a WAC of more than $100 for a course of treatment lasting less than one month or a 30-day supply, and taking into account only price increases that take effect after the	A manufacturer of a must provide notice of the increase with the following information: (a) The date of the increase, the current WAC of the prescription drug, and the dollar amount of the future increase in the WAC of the prescription drug; and (b) A statement regarding whether a change or improvement in the drug necessitates the price increase. If so, the manufacturer shall describe the change or improvement,		Beginning October 1, 2019, at least 60 days prior to the planned effective date of the increase

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			effective date, the manufacturer increases the WAC at least: (i) 20 percent, including the proposed increase and the cumulative increase over one calendar year prior to the date of the proposed increase; or (ii) 50 percent, including the proposed increase and the cumulative increase over three calendar years prior to the date of the proposed increase[1/]			
		Pharmacy Services Administrative Organizations	Prescription drugs	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in the state must submit the following data from the previous calendar year: (a) The negotiated reimbursement rate of the 25 prescription drugs with the highest reimbursement rate; (b) The 25 prescription drugs with the largest year-to-year change in reimbursement rate, expressed as a percentage and dollar amount; and (c) The schedule of fees charged to pharmacies for the services provided by the pharmacy services administrative organization Any organization whose revenue is generated from flat service fees not connected to drug prices or volume, and paid by the pharmacy, is exempt from reporting		Beginning October 1, 2019 and on a yearly basis thereafter

1/ For any drug approved under § 505(j) of the federal Food, Drug, and Cosmetic Act or a biosimilar approved under § 351(k) of the federal Public Health Service Act, if notification is not possible sixty days before the price increase, that submission must be made as soon as known but not later than the date of the price increase.