Know Your State

INTERACTIVE TOOL

Help patients learn about medication access and affordability options one state at a time

This interactive tool provides information on affordability options for patients. Topics covered include:

- Low-Income Subsidy (LIS) Programs*
- Treatment Access: Continuity of Care, Non-Medical Switching, & Step Therapy
- Biosimilar Legislation
- Medicaid Expansion
- State Health Insurance Assistance Programs (SHIPs)
- State Pharmaceutical Assistance Programs (SPAPs)
- Standard Prior Authorization (PA) Forms
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials

*Only LIS plans listed as basic/$0 premium are included in this resource. Please visit https://www.cms.gov/files/zip/2022-pdp-landscape-source-files-v-10-26-21.zip to see all plans available in your state.
KNOW YOUR STATE
INTERACTIVE TOOL

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current, the information may not be as current or comprehensive when you view it. In addition, this information does not represent any statement, promise, or guarantee by Johnson & Johnson Health Care Systems Inc. or its affiliates about coverage, levels of reimbursement, payment, or charge. Please consult with your payer organization(s) for local or actual coverage and reimbursement policies and determination processes. Please consult with your counsel or reimbursement specialist for any reimbursement or billing questions specific to your institution.

PLEASE NOTE
For the best possible navigation experience, this PDF should be opened using Adobe Acrobat Reader, which can be downloaded here.
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Alabama include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, ClearSpring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- As of April 2022, Alabama has not expanded Medicaid.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Alabama does not appear to have any laws or regulations specifically applicable to continuity of care/non-medical switching of prescription drugs.

STEP THERAPY:
- Alabama does not appear to have any laws or regulations specifically applicable to step therapy/fail-first requirements. However, the state Medicaid regulations provide for coverage of up to 10 brand name prescription drugs through overrides for specific drugs in cases where the prescribing physician documents medical necessity.

Biosimilar Legislation

- Pharmacists may, with the express permission of the prescribing practitioner, substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" by the U.S. Food and Drug Administration (FDA), is less expensive than the reference biologic, and meets other state law requirements.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
State Health Insurance Assistance Program (SHIP)
Phone: 1-800-243-5463

ABOUT:
- Alabama has SHIP coordinators and insurance counselors. SHIP counselors are committed volunteers who are knowledgeable about issues affecting Medicare beneficiaries.
- SHIP counselors provide information to assist in making informed choices regarding insurance benefits. The counselors are not affiliated with any insurance companies and do not attempt to sell insurance. All counseling records are strictly confidential.
- SHIP is a partnership with the Centers for Medicare & Medicaid Services, the Alabama Department of Senior Services, and the Area Agencies on Aging.

State Pharmaceutical Assistance Programs (SPAPs)

Alabama AIDS Drug Assistance Program
Phone: 1-866-574-9964

Additional Programs and Resources

For general medication access and affordability options, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms
Low Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Alaska include: Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, and WellCare Classic.1

Medicaid Expansion

Because Alaska has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Alaska, click here.3

State Health Insurance Assistance Programs (SHIPS)

PROGRAM NAME2,4:
State Health Insurance Assistance Programs (SHIP) & Senior Medicare Patrol (SMP)
Phone: 1-800-478-6065

ABOUT2,4:
- Alaskans are helping Alaskans get more out of their Medicare via two programs: State Health Insurance Assistance Programs (SHIP) and Senior Medicare Patrol (SMP).
- SHIP provides one-on-one personalized counseling, education, and outreach to Medicare beneficiaries and their families, allowing them to better understand and utilize their Medicare benefits.
- A large network of counselors across the state helps beneficiaries understand and navigate Medicare and other health insurance programs and plans.

Alaskan AIDS Assistance Association (ADAP)4
Phone: 1-800-478-AIDS

• Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescribing practitioner and the patient about the substitution and obtain patient consent.2

References:
**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Arizona include: AARP® MedicareRx Saver Plus, Banner Medicare Simple Rx, Blue MedicareRx Value, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

**Treatment Access: Get On It and Stay On It**

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- Arizona requires health insurers to cover a previously prescribed drug for 60 days after notice of the coverage change is made to the enrollee through the dispensing pharmacy.

STEP THERAPY:

- Effective for policies delivered or renewed on or after December 31, 2022, Arizona requires that health care plans provide a clear and convenient process to request a step therapy exception determination and must grant an exception in certain clinical situations. Information on how to request an exception must be easily accessible through the insurer’s website and must include a list of the information and documentation needed for the request as well as where to submit the request.

- Arizona also requires health plans to develop and maintain a process by which enrollees, through their treating healthcare professionals, can request authorization for a medically necessary non-formulary drug. Plans must approve such requests if “the equivalent drug on the formulary has been ineffective in the treatment of the patient’s disease or condition” or has caused an adverse or harmful reaction.

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

**Medicaid Expansion**

- Because Arizona has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Arizona has obtained federal approval to require that non-exempt individuals work a certain number of hours per month to be eligible for Medicaid benefits. As of January 2020, this work requirement has not yet been implemented. For more details on Medicaid expansion in Arizona, click here.

**State Health Insurance Assistance Programs (SHIPs)**

- **Arizona SHIP**
  - **Program Name**: State Health Insurance Assistance Program (SHIP)
  - **Phone**: 1-800-432-4040
  - **About**:
    - The Arizona SHIP is a free health benefits counseling service for Medicare beneficiaries.
    - SHIP in Arizona can be contacted 24 hours a day. If a message is left, a SHIP volunteer will return the call.
    - To locate local SHIP offices, click here.

**State Pharmaceutical Assistance Programs (SPAPs)**

- **Arizona ADAP**
  - **Program Name**: Arizona AIDS Drug Assistance Program (ADAP)
  - **Phone**: 1-800-334-1540 or 1-602-364-3610

**References**

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Arkansas include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Continuity of Care/Non-Medical Switching²:

- Arkansas prohibits insurance policies from mandating any provider to change an enrollee’s "maintenance drug" unless the prescriber and enrollee agree to such a change. A maintenance drug is defined as a drug prescribed by a practitioner who is licensed to prescribe drugs and used to treat a medical condition for a period greater than 30 days.

Step Therapy²:

- An insurer that uses step therapy cannot require the health care provider to use step therapy more than once for the same prescription, even if the insurer or review agency changes its formulary. Insurers and utilization review entities may still require step therapy under certain circumstances. An insurer must provide the healthcare provider with access to a clear and convenient process to expeditiously request an override for a step therapy protocol.

Effective January 1, 2022, if coverage of a prescription drug for the treatment of any medical condition is restricted for use by a healthcare insurer, health benefit plan, or utilization review organization through the use of a step therapy protocol, a patient and prescribing healthcare provider shall have access to a clear, readily accessible, and convenient process to request a step therapy protocol exception. The healthcare insurer, health benefit plan, or utilization review organization shall grant or deny a request for a step therapy protocol exception within 72 hours of receiving the request or 24 hours in the case of exigent circumstances. Arkansas law also prohibits an insurance policy that provides coverage for the treatment of metastatic cancer from limiting or excluding coverage for an approved drug by mandating that a covered person undergo step therapy unless use of the preferred drug is consistent with certain best practices.

Treatment Access: Get On It and Stay On It

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA), would save costs for the patient, and meets other state law requirements.²

Medicaid Expansion

- The Centers for Medicare & Medicaid Services (CMS) approved a Section 1115 waiver request replacing Arkansas’ Arkansas Works, with a new program entitled Arkansas Health and Opportunity for Me (ARHOME). ARHOME does not include work requirements. Arkansas has submitted a request to CMS to allow Qualified Health Plans (QPHs) in the state to provide incentives to enrollees for participating in health and economic-related initiatives. This has not yet been approved by CMS. The agency has notified Arkansas that it would end the state’s premium requirement for its expansion population by the end of 2022.³

State Health Insurance Assistance Programs (SHIPS)

- SHIIP answers questions regarding Medicare health coverage, Medicare supplemental insurance, long-term care insurance, Medicare Advantage plans, general Medicaid, senior referral services, Medicare prescription drug coverage, and retiree health plan coverage.

Arkansas AIDS Drug Assistance Program (ADAP)⁵

- Phone: 1-501-661-2408

References:

5. ARHOME does not include work requirements. Arkansas has submitted a 1115 waiver request replacing Arkansas’ Arkansas Works, with a new program entitled Arkansas Health and Opportunity for Me (ARHOME). ARHOME does not include work requirements. Arkansas has submitted a request to CMS to allow Qualified Health Plans (QPHs) in the state to provide incentives to enrollees for participating in health and economic-related initiatives. This has not yet been approved by CMS. The agency has notified Arkansas that it would end the state’s premium requirement for its expansion population by the end of 2022.
Low Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in California include: Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:2

California law protects against non-medical switching limitations by prohibiting health plans from “limiting or excluding” coverage for a previously prescribed drug as long as the provider continues to prescribe it, and the drug is considered “safe and effective” for the enrollee’s medical condition. However, this provision does not preclude a plan from “charging the enrollee a co-payment or deductible,” and it remains unclear whether this means that the plan would be obligated to continue covering the excluded drug at the same patient cost sharing level. The prohibitions on formularies from discouraging the enrollment of individuals with health conditions is in place until January 1, 2024.

Additionally, California law prohibits a drug formulary maintained by a healthcare service plan or a health insurer from containing more than four tiers and requires that an enrollee or insured not pay more than the retail price for a prescription drug if the pharmacy’s retail price is less than the applicable co-payment or coinsurance amount until January 1, 2024.

STEP THERAPY:2

California law provides that a request for an exception to a step therapy process must use the state’s uniform prior authorization forms, plans must establish an expeditious process to handle such requests, and that plans must submit this process, including the criteria for evaluating step therapy override requests, to the state.

Recently enacted law clarifies that if there is more than one drug that is clinically appropriate for the treatment of a medical condition, a health care service plan that provides coverage for prescription drugs may require step therapy but requires health care service plans to expediently grant a request for a step therapy exception if a prescribing provider submits necessary justification and supporting clinical documentation supporting the provider’s determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services to the enrollee, taking into consideration the enrollee’s needs and medical history, along with the professional judgment of the enrollee’s provider.

Biosimilar Legislation

Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.2

Medicaid Expansion

Because California has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid Expansion in California, click here.3

State Health Insurance Assistance Programs (SHIPs)

Program Name: California Department of Aging’s Health Insurance Counseling and Advocacy Program (HICAP)

About:

HICAP provides personalized counseling, community education, and outreach events for Medicare beneficiaries.

State Pharmaceutical Assistance Programs (SPAPs)

California AIDS Drug Assistance Program (ADAP)5

Phone: 1-916-558-1784

References:
COLORADO

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Colorado include: Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Medicaid Expansion

- Because Colorado has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Colorado, click here.3

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING2:
- Colorado law does not appear to include any continuity of care provisions and/or limitations on non-medical switching for prescription drug coverage. A December 2015 bulletin indicates that "it is the position of the Division of Insurance" that "replacement plan carriers" for managed care plans will ensure a "seamless transition of previously approved therapies," including "biologic medical therapy." It is unclear how plans have implemented the Division’s directive, which would only apply in the limited context of a patient transitioning between health plans.

STEP THERAPY2:
- Colorado prohibits an insurance carrier from requiring a covered person to undergo step therapy when being treated for a terminal condition, or if the covered person has tried a step therapy-required drug under a health benefit plan and the drug was discontinued by the manufacturer. Effective January 2019, an insurance carrier that covers treatment for stage-four advanced metastatic cancer may not require a patient to follow a step therapy protocol prior to receiving a drug approved for treatment.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.2

State Health Insurance Assistance Programs (SHIs)

PROGRAM NAME4:
Senior Health Insurance Assistance Program (SHIP)
Phone: 1-888-696-7213
En Español, sin cargo: 1-866-665-9668

ABOUT4:
- The SHIP Program helps people enrolled in Medicare with questions about health insurance. Topics addressed include Medicare, Medicare supplemental insurance (Medigap), Medicare HMOs, Medicaid assistance for people on Medicare, and long-term care insurance. Counselors provide assistance regarding public education presentations about Medicare, related health insurance, and Medicare fraud. Consumers may contact their regional community program by calling toll-free.

State Pharmaceutical Assistance Programs (SPAs)

CDPHE State Drug Assistance Program (SDAP)6
Phone: 1-303-692-2000

Colorado Bridging the Gap6
Phone: 1-303-692-2783 or 1-303-692-2716

References:
Low Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Connecticut include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

Because Connecticut has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Connecticut, click here.³

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

Connecticut does not appear to have any continuity of care provisions or limitations on non-medical switching for prescription drug coverage. Connecticut does have continuity of care provisions related to treatment by a provider during a course of treatment.

STEP THERAPY²:

Connecticut limits the duration of the use of step therapy to 60 days. After 60 days, an insured’s treating healthcare provider may deem the step therapy regimen clinically ineffective for the insured, and the entity must authorize dispensation of and coverage for the drug prescribed by the insured’s treating healthcare provider, provided such drug is a covered drug under such policy or contract.

Biosimilar Legislation

Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist is required to notify the prescribing practitioner and the patient about the substitution.²

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁴:
The CHOICES Program
Phone: 1-800-994-9422

ABOUT⁴:
Connecticut’s program for Health Insurance Assistance Outreach, Information, Referral, Counseling and Eligibility Screening (CHOICES) is a cooperative program of the State of Connecticut Department of Social Services, the Area Agencies on Aging, and the Center for Medicare Advocacy, aimed at providing information to persons 60 years of age and older, as well as persons with disabilities.

• Calling CHOICES puts patients in touch with a counselor in their local area.

State Pharmaceutical Assistance Programs (SPAPs)

Connecticut AIDS Drug Assistance Program (CADAP)⁴
Phone: 1-800-424-3310

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Delaware include: Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, and SilverScript Choice.1

Continuity of Care/Non-Medical Switching:2

- Delaware appears to have limited continuity of care protections that only apply to qualified health plans on the Delaware Exchange.

Step Therapy:2

- Under Delaware law, when coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review entity through the use of a step therapy protocol, the patient and prescribing practitioners must have access to a clear, readily accessible and convenient process to request a step therapy exception determination. The law also provides that under certain circumstances, the step therapy exception determination must be expeditiously granted. An insurer, health service corporation, health plan, or utilization review entity must grant or deny a step therapy exception request within two business days of receipt.

- Currently, state law requires individual, group, and blanket health insurance policies to cover any medically appropriate drug approved by the FDA for the treatment of stage four metastatic cancer without requiring a patient to first prove that the patient failed to respond to a different drug or drugs. Some protection appears to be provided under the requirement that health plans provide coverage for any drug prescribed to treat patients with “chronic, disabling, or life-threatening illness.” It is unclear how health insurance carriers in the state have implemented this provision. Delaware law also provides for an exceptions process for drugs placed on a plan’s “specialty tier” that protects access to drugs that treat rheumatoid arthritis, among other conditions. Additionally, individual, group, and blanket insurance plans must provide an explanation of pre-authorization policies and utilization review entities must complete their process or render an adverse determination and notify the covered person’s health care provider within 2 business days of obtaining a pre-authorization.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the FDA and meets other state law requirements.3

Medicaid Expansion

- Because Delaware has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Delaware, click here.3

State Health Insurance Assistance Programs (SHIPS)

PROGRAM NAME: Delaware Medicare Assistance Bureau (DMAB)
Phone: 1-800-336-9500 or 1-302-674-7364

ABOUT:4
- Provides free health insurance counseling for people with Medicare.
- Patients can schedule counseling sessions with local, trained volunteers.
- Empowers people with Medicare to better understand options and make health insurance decisions.
- Counselors assist with logistics regarding Medicare, Medicaid, Medigap, long-term care insurance, and other types of health insurance.
- Counselors are volunteers with extensive training on health insurance. One-on-one counseling is objective and confidential. They are currently accepting volunteers.

State Pharmaceutical Assistance Programs (SPAPs)

Delaware AIDS Drug Assistance Program (ADAP)5
Phone: 1-302-744-1050

Delaware Prescription Assistance Program6
Phone: 1-844-245-9580 and press 0 or stay on the line

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in the District of Columbia include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because the District of Columbia has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in the District of Columbia, click here.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- The District of Columbia does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY:
- A health benefit plan that provides coverage for prescription drugs and utilizes a tiered formulary must provide a member or member representative with the right to request that a non-preferred drug be covered if the prescribing physician determines that the preferred drug for treatment of the same condition either would not be as effective for the individual or would have adverse effects for the individual, or both.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Health Insurance Counseling Project (HICP)
Phone: 1-202-727-8370

ABOUT:
- For District of Columbia residents with Medicare or who are 60 years of age or older, HICP provides a telephone help line where consumers can leave confidential messages. Calls are returned during business hours.
- HICP also offers community education programs to help patients understand Medicare, Medicaid, and private health insurance. Patients can call to set up an appointment for sessions to be held at local schools, churches, senior centers, government agencies, and community groups.

Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in the District of Columbia include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

DC AIDS Drug Assistance Program (ADAP)
Phone: 1-202-671-4900 or 1-202-671-4815 (DC ADAP Hotline)

Biosimilar Legislation

- Upon receipt of a prescription for a brand name drug, a pharmacist may dispense a generically equivalent drug product or interchangeable biological product, as listed in the U.S. Food and Drug Administration’s (FDA) Orange Book, if requested by the purchaser, and meets other specified requirements. The pharmacist is required to notify the prescribing practitioner and the patient about the substitution.

State Pharmaceutical Assistance Programs (SPAPs)

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in the District of Columbia include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Florida include: Cigna Secure Rx, Clear Spring Health Value Rx, SilverScript Choice, and WellCare Classic.²

Medicaid Expansion

- As of April 2022, Florida has not expanded Medicaid.³

State Health Insurance Assistance Programs (SHIPS)

PROGRAM NAME⁴:
SHINE (Serving Health Insurance Needs of Elders)
Phone: 1-800-963-5337

ABOUT⁴:
- SHINE is Florida’s state health insurance assistance program for elder Floridians. It provides educational materials and free, unbiased insurance counseling to Florida elders, caregivers, and family members with a goal of helping elders understand Medicare, Medicaid, prescription assistance, long-term care planning and insurance, and other healthcare issues.

State Pharmaceutical Assistance Programs (SPAPs)

Florida AIDS Drug Assistance Program (ADAP)⁵
Phone: 1-850-245-4422 or 1-800-352-2437

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.²

References:
Low Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Georgia include: Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING2:

Georgia does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage, but does have protection related to the continued treatment by a physician.

STEP THERAPY2:

Health benefit plans that cover treatment for stage four advanced metastatic cancer are prohibited from limiting or excluding coverage of an FDA approved drug by requiring a fail-first process. Under Georgia law, health plans must grant exceptions to their step therapy requirements under certain circumstances.

Medicaid Expansion

As of April 2022, Georgia has not expanded Medicaid.1

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME4:

Georgia SHIP

Phone: 1-866-552-4464 and select option 4

ABOUT4:

Georgia SHIP provides free, unbiased information and assistance to Medicare beneficiaries and their caregivers with health and drug plans. Local assistance is available for health insurance related issues, including Medicare, prescription drug assistance, financial assistance programs and long-term care insurance. Georgia SHIP services are provided through three Area Agencies on Aging—Action Pact, Inc., the Senior Citizens Council of Greater Augusta and the Central Savannah River Area (CSRA), Georgia, Inc.—as well as the Georgia Legal Services Program in the Atlanta metro area.

State Pharmaceutical Assistance Programs (SPAPs)

Georgia AIDS Drug Assistance Program (ADAP)5

Phone: 1-404-656-9805

HAWAII

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Hawaii include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

- Because Hawaii has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Hawaii, click here.³

Treatment Access: Get On it and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Under current law, Hawaii does not appear to have any continuity of care provisions or non-medical switching limitations that apply to prescription drugs, but does have protections related to the continued treatment by a physician.

STEP THERAPY²:

- Hawaii does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Pharmacists must inform consumers of interchangeable biological products from the Hawaii list when filling a prescription order and communicate the product name and manufacturer to the practitioner after dispensing the product. Less expensive interchangeable biological products must be offered to the consumer.²

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁴:

Sage PLUS Hawaii State Health Insurance Assistance Program (SHIP)
Phone: 1-808-586-7299 or 1-888-875-9229

ABOUT⁴:

- Sage PLUS offers one-to-one counseling and assistance to people with Medicare and their families. Free counseling and assistance is provided via telephone calls, face-to-face meetings, and public education presentations.

State Pharmaceutical Assistance Programs (SPAPs)

Hawaii AIDS Drug Assistance Program (HDAP)⁵
Phone: 1-808-733-9360

**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Idaho include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clearspring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

**Medicaid Expansion**

- Because Idaho has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Idaho, click here.²

**Treatment Access: Get On It and Stay On It**

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:**
- Idaho does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

**STEP THERAPY²:**
- Idaho does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

**State Health Insurance Assistance Programs (SHIPs)**

**PROGRAM NAME:**
Senior Health Insurance Benefits Advisors (SHIBA)
Phone: 1-800-247-4422

**ABOUT:**
- SHIBA offers free and unbiased information, counseling, and assistance regarding senior health insurance. Volunteers/advocates are trained to provide individual counseling to seniors and their caregivers. Coordinators make educational presentations and disseminate information on Medicare and other senior health insurance issues.

**State Pharmaceutical Assistance Programs (SPAPs)**

**PROGRAM NAME:**
Idaho Ryan White Part B AIDS Drug Assistance Program (ADAP)³
Phone: 1-208-334-5612

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.¹

**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Illinois include: AARP Medicare Rx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

**Medicaid Expansion**

- Because Illinois has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Illinois, click here.

**State Health Insurance Assistance Programs (SHIPS)**

**PROGRAM NAME**: Senior Health Insurance Program (SHIP)

**Phone**: 1-800-252-8966

**ABOUT**:

- Illinois’s Senior Health Insurance Program (SHIP) is a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers. SHIP is sponsored by the Illinois Department of Insurance.

**State Pharmaceutical Assistance Programs (SPAPs)**

*The Illinois Ryan White Part B AIDS Drug Assistance Program (ADAP-Medication Assistance)*

**Phone**: 1-800-825-3518

---

**References**

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Indiana include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because Indiana has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Indiana has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective 2019. For more details on Medicaid expansion in Indiana, click here.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Indiana offers some protection against formulary changes by requiring plans to provide an enrollee with a 60-day supply of a prescription drug subject to the formulary removal or change under the terms that applied before the removal or change.

STEP THERAPY:
- Certain health plans must establish an exception process for any step therapy requirements and grant exception requests in certain situations.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
- Senior Health Insurance Program (SHIP)
Phone: 1-800-452-4800
TDD: 1-866-846-0139

ABOUT:
- SHIP sites are located throughout the state of Indiana. Patients can visit a local SHIP site in order to arrange an in-person counselor meeting or to have questions answered by phone.
- Counselors are trained volunteers who can answer questions about Medicare, Medicare Advantage, Medicare supplemental insurance, Medicaid, long-term care insurance, prescription coverage, or low-income assistance.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

State Pharmaceutical Assistance Programs (SPAPs)

Indiana AIDS Drug Assistance Program (ADAP)
Phone: 1-866-588-4948
HoosierRx
Phone: 1-866-267-4679

References:
IOWA

Low Income Subsidy (LIS) Programs

• Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Iowa include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

• Because Iowa has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Iowa, click here.³

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:
• Iowa does not appear to have any continuity of care protections that apply to prescription drugs.

STEP THERAPY²:
• Step therapy protocols must be based on evidence-based clinical practice guidelines and exceptions to step therapy protocols must be granted by an insurer, health carrier, or utilization review organization under certain circumstances.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Senior Health Insurance Information Program (SHIIP)
Phone: 1-800-351-4664, TTY 1-800-735-2942

ABOUT:
• SHIIP offers confidential, one-on-one counseling throughout Iowa from trained volunteers. The counseling is free.
• The website lists SHIIP locations by county. Patients can locate a nearby site and then call to set up an appointment.

Iowa AIDS Drug Assistance Program (ADAP)⁵
Phone: 1-515-229-6804

• Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.²

Biosimilar Legislation

State Pharmaceutical Assistance Programs (SPAPs)

© Johnson & Johnson Health Care Systems Inc. 05/22 cp-71792v6
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Kansas include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- As of April 2022, Kansas has not expanded Medicaid.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Kansas does not appear to have continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY:
- Kansas Medicaid (KanCare) allows for health insurers to engage in step therapy, but requires that they grant exception requests in certain situations and provides for a 72-hour expedited appeal process. Additionally, step therapy may not be used in certain situations if a patient is receiving treatment for multiple sclerosis.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The law also requires pharmacists to notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and establishes recording requirements. A pharmacist may not substitute a biosimilar product for a biologic if the provider notes “dispense as written” on the prescription.

Medicaid Expansion

- As of April 2022, Kansas has not expanded Medicaid.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
- Senior Health Insurance Counseling for Kansas (SHICK)
Phone: 1-800-860-5260

ABOUT:
- SHICK is a free program offering older Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues. SHICK provides many resources to assist with navigating Medicare.
- Trained volunteer counselors help people stay informed on changing conditions in healthcare insurance and to simplify the process. Volunteers do not work for any insurance companies. Their purpose is to educate and assist the public to make informed decisions.

State Pharmaceutical Assistance Programs (SPAPs)

Kansan AIDS Drug Assistance Program (ADAP)
Phone: 1-785-296-6174

References:
### Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Kentucky include: [AARP MedicareRx Saver Plus](https://www.aarp.org/medicare/assets/medicare-prescription-drug-benefits.pdf), [Cigna Secure Rx](https://www.cigna.com), [Clear Spring Health Value Rx](https://www.clearspringhealth.com), [Humana Basic Rx Plan](https://www.humana.com), [SilverScript Choice](https://www.silverscript.com), and [WellCare Classic](https://www.wellcare.com).

### Medicaid Expansion

- Because Kentucky has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Kentucky, [click here](https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/).

### Treatment Access: Get On It and Stay On It

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:  
Kentucky does not appear to have any continuity of care provisions that would apply to prescription drug coverage, but does require that managed care plans provide continuity of care for providers in specified situations.

**STEP THERAPY**:  
Kentucky has limitations on step therapy protocols, including requiring a clear and abbreviated exception process and affording relatively broad authority to the prescriber to override a step therapy process. Additionally, managed care plans in Kentucky must have an exceptions policy for drugs that are not included on the formulary.

- Effective January 1, 2023, clinical review criteria developed to establish a step therapy protocol must be based on certain clinical practice guidelines or peer reviewed publications and must make such criteria available on its websites and to health care professionals upon request. Additionally, the step therapy exception request process must be readily accessible and be available on its website.

### Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

### State Health Insurance Assistance Programs (SHIPs)

**PROGRAM NAME**:  
Kentucky State Health Insurance Assistance Program (SHIP)  
Phone: 1-877-293-7447 (option #2)

**ABOUT**:  
- Kentucky SHIP provides information, counseling, and assistance to seniors and disabled individuals, their family members, and caregivers. This service is provided at no charge.
- The program seeks to educate the general public and Medicare beneficiaries so they are able to make informed decisions about their healthcare. SHIP does not sell anything. SHIP also works in partnership with the Kentucky Medicare Partners to provide outreach and education to people with Medicare.

### State Pharmaceutical Assistance Programs (SPAPs)

**Kentucky AIDS Drug Assistance Program (KADAP)**  
Phone: 1-866-510-0005

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.
**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**: Because Louisiana has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Louisiana, click here.

**STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)**

**PROGRAM NAME**: Louisiana Health Access Program (LA HAP)
**Phone**: 1-504-568-7474

ABOUT:
- Because Louisiana has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Louisiana, click here.
- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Louisiana include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.
- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

**ADDITIONAL PROGRAMS AND RESOURCES**

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:
- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Maine include: Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Treatment Access: Get On it and Stay On it

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Maine requires health plans to cover previously approved prescription drugs for transitioning enrollees until a new insurance carrier conducts a review of the previous carrier’s prior authorization. Further, the prior authorization of the previous carrier must be honored for up to six months if requested during the review by the enrollee’s provider. If a health plan removes a drug from its formulary, it must notify enrollees of their right to request a formulary exception. If an enrollee has already obtained prior authorization for a drug that is later removed from the formulary, the plan must honor the prior authorization until it expires (with limited exceptions).

STEP THERAPY:
- Under Maine law, health plans must base step therapy protocols on clinical practice guidelines or peer-reviewed publications. Enrollees and prescribers must have access to a clear and abbreviated exception process, and exceptions must be granted under certain circumstances. Additionally, Maine requires health plans to provide explanations of step therapy requirements online.
- Health plans executed, delivered, issued for delivery, continued, or renewed on or after January 1, 2022: (1) must grant an exception for prescription drugs intended to assess or treat an enrollee’s serious mental illness and (2) are prohibited from using step therapy for an enrollee’s serious mental illness.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

Medicaid Expansion

- Because Maine has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid Expansion in Maine, click here.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
State Health Insurance Assistance Program (SHIP)
Phone: 1-877-353-3771

ABOUT:
- Maine citizens with Medicare insurance can get free health insurance counseling by calling the Legal Services for the Elderly Hotline or the Area Agency on Aging. Staff will answer questions about Medicare, Medicare drug discounts, supplemental insurance, MaineCare, long-term care, and other health insurance.

State Pharmaceutical Assistance Programs (SPAPs)

Maine AIDS Drug Assistance Program (ADAP)
Phone: 1-207-287-3747

Maine Low Cost Drugs for the Elderly or Disabled Program (DEL) Benefit
Phone: 1-866-796-2463

Additional Programs and Resources

For general medication access and affordability options, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Maryland include: Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:2
- Maryland law requires health insurers to give members 30 days’ notice when prescription drugs are removed from the formulary or moved to a higher tier and implement a process for members to request exceptions. Additionally, health insurers must honor a prior authorization granted to a member from a previous insurer for at least 30 days after the member has switched health insurance plans. Insurers are also required to honor their own prior authorizations under certain circumstances.

- Maryland law also provides protections against non-medical switching by limiting the circumstances under which pharmacy benefits managers may make “therapeutic interchanges” involving prescription drugs.

STEP THERAPY:2
- Health plans must allow prescribers to override step therapy protocols under certain circumstances. Maryland prohibits the use of step therapy if the prescription drug is used to treat stage-four, advanced metastatic cancer and the use is consistent with best practices. Additionally, health insurers must establish and implement a process by which an enrollee may receive a prescription drug that is not on formulary.

Medicaid Expansion

- Because Maryland has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Maryland, click here.3

Biosimilar Legislation

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made. The pharmacist would be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements.2

State Health Insurance Assistance Programs (SHIPS)

PROGRAM NAME: Senior Health Insurance Assistance Program (SHIP)
Phone: 1-800-243-3425 or 1-410-767-1100

ABOUT:4
- SHIP assists Medicare beneficiaries, including those under 65 years of age, and helps seniors understand health insurance benefits, bills, and rights. Counselors provide in-person and telephone assistance free of charge.

State Pharmaceutical Assistance Programs (SPAPs)

Maryland AIDS Drug Assistance Program (MADAP)5
Phone: 1-410-767-6335 or 1-800-205-6308

Maryland Senior Prescription Drug Assistance Program (SPDAP)6
Phone: 1-800-551-5995

Primary Adult Care Program (PAC)6
Phone: 1-800-226-2142

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Massachusetts include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because Massachusetts has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Massachusetts, click here.

State Health Insurance Assistance Programs (SHIPs)

- Serving the Health Insurance Needs of Everyone (SHINE)
  Phone: 1-800-243-4636
  TTY/ASCII: 1-800-439-2370

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

State Pharmaceutical Assistance Programs (SPAPs)

- Massachusetts HIV Drug Assistance Program (HDAP)
  Phone: 1-617-502-1700
  Massachusetts Prescription Advantage
  Phone: 1-800-243-4636, ext. 2

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Michigan include: AARP® Medicare Rx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because Michigan has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Michigan has obtained federal approval to require that non-exempt individuals work a certain number of hours per month to be eligible for Medicaid benefits, effective January 2020. For more details on Medicaid expansion in Michigan, click here.

State Health Insurance Assistance Programs (SHIPS)

- **PROGRAM NAME**: Medicare/Medicaid Assistance Program (MMAP)
  Phone: 1-800-803-7174

- **ABOUT**:
  - MMAP provides free health benefit counseling services to those 65 years of age and older, those who are Medicare beneficiaries due to disability, and their families. MMAP provides information and support so that beneficiaries can make informed healthcare decisions. Information and assistance is provided in the areas of Medicare, Medicare+Choice (managed care options), Medigap insurance, and Medicaid long-term care insurance.
  - Counselors at local agencies provide information about benefits, comparative information about insurance products and managed care plans, and assistance with claims, denials of services, and other insurance-related problems. The above number can be called to obtain the services of an MMAP counselor.

State Pharmaceutical Assistance Programs (SPAPs)

- **PROGRAM NAME**: Michigan HIV/AIDS Drug Assistance Program (MiDAP)
  Phone: 1-888-826-6565

**Continuity of Care/Non-Medical Switching**: Michigan does not appear to have continuity of care provisions or non-medical switching limitations specifically applicable to prescription drugs. Michigan’s Medicaid program, MI Health Link (MHL), provides for continuity of care for treatment initiated prior to enrollment, which must be authorized by the MHL health plan.

**Step Therapy**: Michigan does not appear to have any laws limiting the use of step therapy protocols. Health plans in Michigan must provide for exceptions to a formulary limitation when a non-formulary alternative is medically necessary and appropriate, but this does not prevent a plan from imposing a prior authorization process or higher cost-sharing.

**Biosimilar Legislation**: Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Minnesota include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

- Because Minnesota has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Minnesota, click here.³

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:¹

- Health plans are required to honor a former plan’s prior authorization of health care services for at least 60 days. If a health plan changes its coverage terms for a health care service, it may not apply the new terms as to an enrollee who has already received prior authorization until the next plan year (with limited exceptions).

- Additionally, Minnesota provides some protection against non-medical switching in the context of prescribed drugs that treat a "diagnosed mental illness." Minnesota also provides protection related to the continued treatment by a health care provider.

STEP THERAPY:²

- Health plans must provide a clear, readily accessible, and convenient step therapy override process, and must grant an override in certain clinical situations. However, the law does not prohibit plans from requiring enrollees to try a generic or biosimilar prior to providing coverage for a brand name drug. Minnesota prohibits the use of step therapy if the prescription drug is used to treat stage-four, advanced metastatic cancer and the use is consistent with best practices.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.²

State Health Insurance Assistance Programs (SHIPS)

- Program Name: State Health Insurance Assistance Program (SHIP) Senior LinkAge Line
- Phone: 1-800-333-2433

ABOUT:²

- The Minnesota Board on Aging certifies a team of volunteers to help seniors make informed choices about insurance. The service is called the Minnesota SHIP, and is a network of local programs that provide information, counseling, and assistance to all Medicare-eligible persons across the state.

- SHIP was formed in Minnesota in 1993 as a result of an initiative of the Centers for Medicare & Medicaid Services (CMS).

State Pharmaceutical Assistance Programs (SPAPs)

- HIV Medication Program (ADAP):²
- Phone: 1-651-431-2398 or 1-800-657-3761

**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Mississippi include: Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

**Medicaid Expansion**

- As of April 2022, Mississippi has not expanded Medicaid.3

**Treatment Access: Get On It and Stay On It**

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:  
- Mississippi does not appear to have continuity of care or non-medical switching laws that are applicable to prescription drug coverage.

**STEP THERAPY**:  
- Mississippi requires a health benefit plan to grant a step therapy exception request under certain circumstances. Further, Mississippi law limits the duration of any step therapy or fail-first protocol to 30 days when the treatment is determined to be clinically ineffective by the prescribing practitioner.

**State Health Insurance Assistance Programs (SHIs)**

**PROGRAM NAME**:  
State Health Insurance Assistance Program (SHIP)  
Phone: 1-601-359-4500  
**ABOUT**:  
- SHIP is a counseling program from the Mississippi Department of Human Services designed to answer the elderly’s questions about health insurance. Topics include Medicare, Medicaid, supplemental insurance, or other coverage. Volunteers are trained to answer questions, compare policies, organize paperwork, and help with claims and filing appeals.

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA), would save costs for the purchaser, and meets other state law requirements.2

**State Pharmaceutical Assistance Programs (SPAPs)**

**AIDS Drug Assistance Program (ADAP)**  
Phone: 1-601-362-4879 or 1-888-343-7373

References:  
MISSOURI

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Missouri include: Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Missouri does not appear to have continuity of care provisions or limitations on non-medical switching that apply to prescription drug coverage. Health insurers must notify enrollees currently taking a drug at least 30 days prior to any changes in coverage that would affect them.

STEP THERAPY:
- Missouri requires health plans to establish a step therapy override process and grant an exception in certain circumstances. Additional documentation may be requested and the requested therapy must be on the formulary. Health plans must make information regarding step therapy requirements available online or through a provider portal. Missouri limits the use of step therapy for medication-assisted treatment of a substance use disorder.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.2

Medicaid Expansion

- Missouri implemented expansion on August 10, 2021, with coverage available as of July 1, 2021. Missouri voters approved a ballot measure on August 4, 2020 which added Medicaid expansion to the state’s constitution. The amendment requires the state to submit all state plan amendments necessary to implement expansion to CMS no later than March 1, 2021 and for expansion coverage to begin July 1, 2021. In early 2021, Missouri’s governor announced the state would not be expanding Medicaid due to a lack of funding. The Missouri Supreme Court ultimately ruled that the amendment is valid under Missouri’s constitution and that the state legislature’s budget appropriation authorized the state to fund the expansion. For more details on Medicaid expansion in Missouri, click here.3

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Community Leaders Assisting the Insured of Missouri (CLAIM)
Phone: 1-800-390-3330

ABOUT:
- CLAIM has been the official State Health Insurance Assistance Program (SHIP) for Missouri since 1993. It is a non-profit providing free, unbiased information about Medicare to Missourians. The goal is to provide local counselors to help patients get the most from their Medicare benefits. CLAIM also hosts “Welcome to Medicare” events.

State Pharmaceutical Assistance Programs (SPAPs)

Missouri Department of Health and Senior Services Through the HIV/AIDS Case Management Program5
Phone: 1-573-751-6439

Missouri Rx Plan6
Phone: 1-573-751-3425

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Montana include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because Montana has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. Montana submitted a Section 1115 waiver amendment in August 2019. The Centers for Medicare & Medicaid Services (CMS) notified the state in December 2021 that it would phase out the Section 1115 premium requirement by the end of 2022. For more details on Medicaid expansion in Montana, click here.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Montana does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY:
- Montana prohibits health plans that provide coverage for emergency department services from imposing step therapy requirements for oral therapies used to treat opioid use disorders.

Biosimilar Legislation

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made. The pharmacist would be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements.

State Health Insurance Assistance Programs (SHIPS)

PROGRAM NAME:
- Montana State Health Insurance Assistance Program (SHIP)
Phone: 1-800-551-3191

ABOUT:
- The Montana SHIP is a free health benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers.

State Pharmaceutical Assistance Programs (SPAPs)

Montana AIDS Drug Assistance Program (ADAP)
Phone: 1-406-444-3565

Mental Health Services Plan (MHSP)
Phone: 1-406-444-3964

Montana Big Sky Rx Program
Phone: 1-866-369-1233

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Nebraska include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Treatment Access: Get On it and Stay On it

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Nebraska does not appear to have any continuity of care provisions or limitations on non-medical switching specific to prescription drugs.

STEP THERAPY:
- Effective for any health insurance or health benefit plans delivered, issued for delivery or renewed on or after January 1, 2022, if coverage for a prescription drug is restricted for use through a step-therapy protocol, the prescribing health care provider and patient must have access to a clear, readily accessible and convenient process to request an exception. A step therapy exception must be granted in certain circumstances, and the health carrier or utilization review organization must provide a determination of the request within 5 calendar days, or 72 hours in the case of an urgent care request.

Biosimilar Legislation

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is "interchangeable" with the prescribed biologic; and (2) the prescribing provider has not indicated that no substitution can be made. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 3 days of the substitution and meet certain reporting requirements.

Medicaid Expansion

- Medicaid coverage under the expansion became effective on October 1, 2020. Because Nebraska has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. Nebraska has received federal approval for a Section 1115 waiver to implement expansion with program elements that differ from what is allowed under federal law, including a tiered benefit structure that requires beneficiaries to meet work and healthy behavior requirements to access benefits. In February 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state’s approved work requirements. On June 1, 2021, Nebraska announced it would withdraw the approved waiver and offer full benefits to all expansion adults beginning October 1, 2021. For more details on Medicaid expansion in Nebraska, click here.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
The Nebraska Senior Health Insurance Information Program (SHIIP)
Phone: 1-800-234-7119, TTY 1-800-833-7352

ABOUT:
- The Nebraska SHIIP is available as a free counseling service to walk patients through the Medicare eligibility process and eliminate potential enrollment or benefit access delays.
- Online resources and upcoming SHIIP events are posted on the website (accessed by clicking on the program name above).

State Pharmaceutical Assistance Programs (SPAPs)

AIDS Drug Assistance Program
Phone: 1-402-471-2101

References:
**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Nevada include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

**Medicaid Expansion**

- Because Nevada has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Nevada, click here.

**State Health Insurance Assistance Programs (SHIPs)**

- SHIP provides information, counseling, and assistance to Medicare beneficiaries in Nevada, involving a statewide network of volunteers.

**State Pharmaceutical Assistance Programs (SPAPs)**

- The State Pharmaceutical Assistance Programs (SPAPs) are designed to provide free or low-cost drugs to eligible individuals. In Nevada, some programs include the Nevada AIDS Drug Assistance Program (ADAP), Nevada Senior Rx Program, and Nevada Disability Rx.

**Biosimilar Legislation**

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made orally or by writing “dispense as written” or “d.a.w.” on the prescription. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 3 days of the substitution and meet certain reporting requirements. The pharmacist must prescribe the substitute if the pharmacist is being paid by a government agency.

**References:**

NEW HAMPSHIRE

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in New Hampshire include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Medicaid Expansion

- Because New Hampshire has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, New Hampshire has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective 2019. For more details on Medicaid expansion in New Hampshire, click here.4

Click the book icons for additional info

Continuity of Care/Non-Medical Switching:

- Health plans must provide an exceptions process through which an enrollee can obtain coverage for a nonformulary drug that was on the formulary within the last 12 months, within 48 hours. A health plan must notify a covered person of a change in the formulary and must allow at least 45 days before implementation of any formulary deletions. Every health benefit plan that provides prescription drug benefits shall provide notice of deletions to the plan list or plan formulary to all covered persons at least annually.

State Health Insurance Assistance Programs (SHIPS)

- ServiceLink Resource Centers
  Phone: 1-866-634-9412

ABOUT:

- ServiceLink Resource Centers have trained Medicare specialists and Medicare Learning Centers. Resource centers are located in every county in the state of New Hampshire.
- Medicare Learning Centers provide free and confidential health insurance counseling with a certified Medicare specialist or volunteer, and assistance in applying for cost savings programs to reduce Medicare expenses.

State Pharmaceutical Assistance Programs (SPAPs)

- NH CARE Program
  Phone: 1-603-271-4502 or 1-800-852-3345, ext. 4502

About:

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist is required to notify the prescribing practitioner.2

References:

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in New Jersey include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because New Jersey has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in New Jersey, click here.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- New Jersey does not appear to have continuity of care protections or non-medical switching limitations that apply specifically to prescription drug benefits. Insurance companies may not place a prescription drug on a formulary tier that increases all the covered persons' cost-sharing obligations.

STEP THERAPY:
- New Jersey does not appear to have any limitations on the use of step therapy for prescribed drugs. Health plans must provide for an exceptions process for non-formulary medications that are deemed "medically necessary" according to specified criteria.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
State Health Improvement Plan (SHIP)
Phone: 1-800-792-8820

ABOUT:
- SHIP provides free help to New Jersey Medicare beneficiaries who have problems with, or questions about, their health insurance.

State Pharmaceutical Assistance Programs (SPAPs)

New Jersey ADDP Program
Phone: 1-877-613-4533

New Jersey Senior Gold Prescription Discount Program
Phone: 1-800-792-9745

New Jersey Pharmaceutical Assistance to the Aged and Disabled Program (PAAD)
Phone: 1-800-792-9745

New Jersey Division of Medical Assistance and Health Services
Phone: 1-800-356-1561

References:
NEW MEXICO

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in New Mexico include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because New Mexico has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in New Mexico, click here.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
State Health Insurance Assistance Program (SHIP)
Phone: 1-800-432-2080
TTY: 1-505-476-4937

ABOUT:
- SHIP is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. Coordinators provide benefits counseling on Medicare prescription drug programs, Social Security, Medicaid, Medicare, veterans benefits information, and related Senior Medicare Patrol billing questions and appeals.
- This SHIP ensures that older New Mexicans receive accurate, unbiased information about healthcare options and other entitlements. It does not sell, endorse, or recommend any specific insurance or other health plans.

State Pharmaceutical Assistance Programs (SPAPs)

HIV Services Program
Phone: 1-505-476-3628

Biosimilar Legislation

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is "interchangeable" with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made by writing "no substitution" or "no sub" on the prescription. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements.

References:
**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in New York include: Cigna Secure Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

**Continuity of Care/Non-Medical Switching²:**

- Effective January 1, 2023, an insurer shall not remove a prescription drug from a formulary, move a prescription drug to a tier with a larger deductible, copayment, or coinsurance, or add utilization management restrictions to a prescription drug on a formulary, unless such changes occur at the time of enrollment, issuance or renewal of coverage.
- An insurer shall provide notice to insureds of the intent to remove a prescription drug from a formulary or alter deductible, copayment or coinsurance requirements in the upcoming plan year, 90 days prior to the start of the plan year. An insurer may remove a prescription drug from a formulary if the U.S. Food and Drug Administration (FDA) determines that such prescription drug should be removed from the market, including new utilization management restrictions issued based on safety concerns.
- An insurer with a formulary that includes two or more tiers of benefits providing for different copayments applicable to prescription drugs may move a prescription drug to a tier with a larger copayment during the plan year, provided the change is not applicable to an insured who is already receiving such prescription drug or has been diagnosed with or presented with a condition on or prior to the start of the plan year that is treated by such prescription drug or is a prescription drug that is or would be part of the insured’s treatment regimen for such condition.

**Step Therapy²:**

- New York’s step therapy law requires insurance companies, HMOs, and utilization review agents who impose step therapy protocols to provide an expedited appeal process for patients and healthcare professionals to override such protocols. These must be granted under certain situations.

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the FDA and meets other state law requirements.²

**Medicaid Expansion**

- Because New York has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in New York, click here.³

**State Health Insurance Assistance Programs (SHIPs)**

**PROGRAM NAME:**
Health Insurance Information, Counseling and Assistance Program (HIICAP)
Phone: 1-800-701-0501

**ABOUT:**
- HIICAP is the New York State Health Insurance Assistance Program (SHIP). It educates the public about Medicare, Medicaid, managed care, pharmaceutical assistance, and other health insurance options and issues. The program also helps Medicare beneficiaries access needed healthcare and apply for programs such as the Medicare Savings Programs.

**State Pharmaceutical Assistance Programs (SPAPs)**

**HIV Uninsured Care Programs⁵**
Phone: 1-800-542-2437 or 1-518-459-1641 (out of state)

**New York State Elderly Pharmaceutical Insurance Coverage (EPIC)⁵**
Phone: 1-800-332-3742

---

**References:**
NORTH CAROLINA

Low Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in North Carolina include: Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

As of April 2022, North Carolina has not expanded Medicaid.

Continuity of Care/Non-Medical Switching:

North Carolina law does not appear to include any specific continuity of care provisions or non-medical switching limitations for prescription drug coverage.

Step Therapy:

Plans that impose step therapy requirements must establish and maintain an expeditious exceptions process for an enrollee to obtain, without penalty or additional cost-sharing, coverage for a non-formulary drug determined to be medically necessary and appropriate by the prescriber. Plans are required to grant an exception under certain circumstances.

State Health Insurance Assistance Programs (SHIPs)

Program Name:
The Seniors’ Health Insurance Information Program (SHIIP)
Phone: 1-855-408-1212

About:
SHIIP counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplemental insurance, Medicare Advantage, Medicare Part D, and long-term care insurance. The counselors offer free information regarding Medicare healthcare products. Through the North Carolina Senior Medicare Patrol Program (SMP), counselors also assist in recognizing and preventing Medicare billing errors and possible fraud and abuse.

Biosimilar Legislation

Biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.

State Pharmaceutical Assistance Programs (SPAPs)

North Carolina HIV Medication Assistance Program
Phone: 1-877-466-2232 or 1-919-733-9161

References:

Additional Programs and Resources

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms

North Carolina HIV Medicaid Expansion

As of April 2022, North Carolina has not expanded Medicaid.

© Johnson & Johnson Health Care Systems Inc. 05/22 cp-71792v6
NORTH DAKOTA

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in North Dakota include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

- Because North Dakota has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in North Dakota, click here.³

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:
- North Dakota does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:
- Pharmacy benefits managers are prohibited from imposing step therapy requirements on an FDA-approved drug used to treat metastatic cancer. The North Dakota Medicaid program must grant prior authorization requests under certain circumstances.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁴:
Senior Health Insurance Counseling Program (SHIC)
Phone: 1-888-575-6611 or 1-701-328-2440

ABOUT⁴:
- The State Health Insurance Counseling Program (SHIC) of North Dakota offers free help with Medicare and other health insurance. Trained counselors who work through local sponsoring organizations can help answer patient questions. SHIC counselors have no connection with any insurance company or product. Patients can contact SHIC at the number above to schedule an appointment or to locate the SHIC program sponsor nearest them.

Because North Dakota has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in North Dakota, click here.³

Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in North Dakota include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

ADDITIONAL PROGRAMS AND RESOURCES

For general medication access and affordability options, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms

Biosimilar Legislation

- Biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.³

State Pharmaceutical Assistance Programs (SPAPs)

North Dakota Department of Health, HIV/AIDS Program¹
Phone: 1-701-328-2378 or 1-800-472-2180

References:
OHIO

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Ohio include: Cigna Secure Rx, Elixir RxSecure, SilverScript Choice, and WellCare Classic.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- Ohio law does not appear to include any specific continuity of care provisions or non-medical switching limitations for prescription drug benefits.

STEP THERAPY:

- Ohio imposes certain limitations on the use of step therapy, including that insurers that use a step therapy protocol must provide a convenient process to request an exception and respond to exception requests within specified timeframes. Insurers are required to grant step therapy exception requests from healthcare providers under certain circumstances. Additionally, Ohio requires insurers that restrict drug formularies to provide a process for enrollees to obtain nonformulary drugs without additional cost-sharing when the provider documents medical necessity.

- Further, effective March 2021, a health benefit plan that provides coverage for the treatment of stage-four advanced metastatic cancer may not require an enrollee to fail to successfully respond to a different drug, or prove a history of failure of a different drug, before providing coverage of the prescribed drug to treat the cancer or associated conditions, if use of the prescribed drug is consistent with either (1) an indication approved/described by the U.S. Food and Drug Administration (FDA) or the national comprehensive cancer network drugs and biologics compendium for the treatment of stage four advanced metastatic cancer; or (2) best practices and supported by peer-reviewed, evidenced-based medical literature.

Medicaid Expansion

- Because Ohio has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Ohio has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective March 2019. For more details on Medicaid expansion in Ohio, click here.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:

Ohio Senior Health Insurance Information Program (OSHIIP)
Phone: 1-800-686-1578 or 1-614-644-2673

ABOUT:

- OSHIIP is funded in part by state funds and by a grant from the Centers for Medicaid & Medicare Services (CMS). The program provides Medicare beneficiaries with free, objective health insurance information and one-on-one counseling. OSHIIP’s speaker’s bureau, hotline experts, and trained volunteers educate consumers about Medicare, Medicare prescription drug coverage (Part D), Medicare Advantage options, Medicaid, Medicare supplemental insurance, long-term care insurance, and other health insurance matters.

Ohio HIV Drug Assistance Program
Phone: 1-800-777-4775

References:
**OKLAHOMA**

### Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Oklahoma include: AARP Medicare Rx Saver Plus, Blue Cross MedicareRx Basic, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

### Medicaid Expansion

- Oklahoma adopted measures to expand Medicaid in June 2020. Enrollment began under the expansion on June 1, 2021, and coverage became available to these enrollees on July 1, 2021. For more details on Medicaid expansion in Oklahoma, click here.

### Treatment Access: Get On It and Stay On It

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**: Oklahoma does not appear to have continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

**STEP THERAPY**:
- Health plans that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. When coverage of a prescription drug for the treatment of any medical condition is restricted by a health plan through the use of a step therapy protocol, the prescribing healthcare provider and patient must have access to a clear, convenient, and readily accessible process to request a step therapy exception. The process must be made easily accessible on the health plan's website. Insurers are required to grant step therapy exception requests from healthcare providers under certain circumstances.

### State Health Insurance Assistance Programs (SHIPs)

**PROGRAM NAME**: Senior Health Insurance Counseling Program (SHIP)

**Phone**: 1-800-763-2828

**ABOUT**:
- SHIP is a non-profit organization helping to inform the public about Medicare and other senior health insurance issues. This division provides accurate and objective counseling, assistance, and advocacy relating to Medicare, Medicaid, Medicare supplemental insurance, Medicare Advantage, long-term care, and other related health coverage plans for Medicare beneficiaries, their representatives, or persons soon to be eligible for Medicare.

### Biosimilar Legislation

- Effective November 1, 2021, pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacy must inform the patient of the substitution.

### State Pharmaceutical Assistance Programs (SPAPs)

**HIV/STD Services Division, OK State Department of Health**

**Phone**: 1-405-271-4636

---

**References**


OREGON

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Oregon include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:2
- Oregon law does not appear to include any specific continuity of care provisions or non-medical switching limitations for prescription drug benefits. However, managed care plans are required to provide continuity of care in the event the plan terminates its relationship with a healthcare provider or under other listed circumstances.

STEP THERAPY:2
- Healthcare coverage plans in Oregon are required to adopt policies for enrollees and prescribers to request exceptions for coverage of nonformulary drugs and detail the procedure and documentation required.
- Effective January 2022, Oregon (1) imposes certain limitations on the use of step therapy, including that insurers that use a step therapy protocol must provide a convenient process to request an exception and respond to exception requests within specified timeframes; (2) requires insurers to grant step therapy exception requests from healthcare providers under certain circumstances; and (3) requires that health plans provide explanations of step therapy requirements online.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.2

Medicaid Expansion

- Because Oregon has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Oregon, click here.3

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME: Senior Health Insurance Benefits Assistance (SHIBA)
Phone: 1-800-722-4134

ABOUT:
- The SHIBA program provides free counseling to people with Medicare and those who assist them.
- The phone number above can be called to receive one-on-one counseling and assistance from state office staff or local, trained SHIBA volunteers.
- Volunteers can help patients select a Medicare prescription drug plan, compare Medicare Advantage plans, compare Medicare supplemental plans, and apply for Medicare Savings Programs, including Extra Help with Medicare prescription drug coverage. They also assist patients with reviewing medical bills and filing appeals or complaints.

State Pharmaceutical Assistance Programs (SPAPs)

CAREAssist: Oregon’s AIDS Drug Assistance Program5
Phone: 1-971-673-0144

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.2

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Pennsylvania include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, ClearSpring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.³

Medicaid Expansion

- Because Pennsylvania has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Pennsylvania, click here.³

State Health Insurance Assistance Programs (SHIPs)

- State Health Insurance Assistance Programs (SHIPs)

  **PROGRAM NAME**: APPRISE Health Insurance Counseling Program
  **Phone**: 1-800-783-7067
  **ABOUT**: APPRISE Health Insurance Counseling Program is a free health insurance counseling program designed to help older Pennsylvanians with Medicare.
  - Counselors are specially trained volunteers who can answer questions about Medicare and provide objective, easy-to-understand information about Medicare, Medicare supplemental insurance, Medicaid, and long-term care insurance. All services are free and confidential. Counseling events take place throughout the state.

State Pharmaceutical Assistance Programs (SPAPs)

- **Pennsylvania Special Pharmaceutical Benefits Program - HIV/AIDS**: Phone: 1-800-922-9384
- **Special Pharmaceutical Benefits Program - Mental Health**: Phone: 1-800-433-4459
- **Pharmaceutical Assistance Contract for the Elderly (PACE and PACENET)**: Phone: 1-800-225-7223 or 1-717-651-3600

**Continuity of Care/Non-Medical Switching**: Plans must provide at least 30 days’ notice of formulary changes to healthcare providers, except when the change is due to approval or withdrawal of approval by the U.S. Food and Drug Administration (FDA).

**Step Therapy**: Though not specific to step therapy/fail-first requirements, Pennsylvania state law requires health insurers to implement a policy by which an enrollee may request an exception to a prescription drug that is not on the formulary. Further, a health benefit plan that provides coverage for the treatment of stage-four advanced metastatic cancer may not require an enrollee to fail to successfully respond to a different drug, or prove a history of failure of a different drug, before providing coverage of a U.S. Food and Drug Administration (FDA) approved prescription drug, if use of the prescribed drug is consistent with best practices and supported by peer-reviewed, evidenced-based medical literature.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.²

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Rhode Island include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- Because Rhode Island has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Rhode Island, click here.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Rhode Island requires that certain insurers notify plan enrollees of an upcoming formulary change and provide information regarding the exceptions process.

STEP THERAPY:
- Rhode Island laws do not specifically address step therapy protocols, but they do provide that insurers must provide coverage for a non-formulary medication when the non-formulary medication meets the insurer’s medical-exception criteria for the coverage of that medication.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Rhode Island State Health Insurance Assistance Program (SHIP)
Phone: 1-888-884-8721

ABOUT:
- Rhode Island SHIP is part of a national partnership to help consumers make informed healthcare choices. SHIP volunteers provide one-to-one counseling to seniors, adults with disabilities, families, and caregivers. The program is designed to help these individuals understand healthcare cost and coverage and deal with issues regarding healthcare.

State Pharmaceutical Assistance Programs (SPAPs)

AIDS Drug Assistance Program (ADAP)
Phone: 1-401-462-3295

Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)
Phone: 1-401-462-3000 or 1-401-462-0740

Biosimilar Legislation

- Pharmacists must substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA) and other state law requirements are met, unless certain exceptions apply.

References:
Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- South Carolina does not appear to have any laws addressing non-medical switching or continuity of care for prescription drugs, but does require continuity of care when a physician leaves a network.

STEP THERAPY:
- South Carolina does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

Biosimilar Legislation

- A pharmacist may substitute a biosimilar for the prescribed biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is "interchangeable" with the prescribed biologic; (2) the prescriber has authorized substitution with an interchangeable biological product; and (3) the patient has consented to the switch. A Medicaid recipient is deemed to have consented to a less costly interchangeable biological product. The pharmacist must notify the practitioner and patient about the substitution within 5 days of the substitution.2

Medicaid Expansion

- As of April 2022, South Carolina has not expanded Medicaid.1

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Insurance Counseling Assistance and Referrals for Elders (I-CARE)
Phone: 1-800-868-9095

ABOUT:
- The State of South Carolina and the federal government have organized the State Health Insurance Program (SHIP), alternately known as the Insurance Counseling Assistance and Referrals for Elders program (I-CARE), to assist in decisions regarding Medicare choices. Counselors throughout the state can provide health insurance counseling for Medicare, Medicare supplemental resources, Medicare Savings Program, Medicare Advantage plans, and senior Medicare fraud programs.

State Pharmaceutical Assistance Programs (SPAPs)

South Carolina AIDS Drug Assistance Program
Phone: 1-800-856-9954
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in South Dakota include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- South Dakota does not appear to have any laws addressing non-medical switching or continuity of care for prescription drugs. However, managed care plans are required to provide continuity of care in the event the plan terminates its relationship with a health carrier or provider.

STEP THERAPY:

- Health plans that have a formulary must provide for an exception process in exigent circumstances. Group health plans are prohibited from imposing step therapy requirements with respect to a mental health or substance use disorder unless the requirement is comparable to and applied more stringently than factors used in applying the requirement in medical or surgical benefits classifications.

- Additionally, health plans issued, amended, or renewed on or after January 1, 2021 that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. When coverage of a prescription drug for the treatment of any medical condition is restricted by a health plan, carrier or utilization review organization through the use of a step therapy protocol, the covered person and the prescribing health care professional shall have access to a clear, readily accessible, and convenient process to request a step therapy override exception. The process shall be made easily accessible on the website of the health carrier, health benefit plan, or utilization review organization.

Biosimilar Legislation

- A pharmacist dispensing a prescription drug order for a biological product prescribed by its brand or proper name may select an interchangeable biological product. Within five business days following the dispensing of a biological product, the pharmacist must notify the prescriber regarding the specific product provided to the patient, including the name of the product and the manufacturer.

Medicaid Expansion

- As of April 2022, South Dakota has not expanded Medicaid.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:

- Senior Health Information & Insurance Education (SHIINE)
  - Eastern South Dakota: 1-800-536-8197 or 1-605-333-3314
  - Central South Dakota: 1-877-331-4834 or 1-605-224-3212
  - Western South Dakota: 1-877-286-9072 or 1-605-342-8635

ABOUT:

- The mission of SHIINE is to inform and assist consumers with Medicare, related health information, and insurance issues so they can make informed decisions and access resources to meet their needs.
- The website (accessed by clicking on program name above) has a calendar of events related to understanding Medicare.

State Pharmaceutical Assistance Programs (SPAPs)

Ryan White Part B CARE Program, South Dakota Department of Health
Phone: 1-800-592-1861 or 1-605-773-3737
TENNESSEE

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Tennessee include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

Medicaid Expansion

- As of April 2022, Tennessee has not expanded Medicaid.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- Tennessee has a limited continuity of care provision for formulary exclusions, which allows enrollees to file a grievance when a health plan removes a prescription drug from a previously approved formulary. If the grievance is filed within a specified time frame, the enrollee may continue to receive the excluded drug until the plan processes the grievance.

STEP THERAPY:

- Tennessee does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
The Tennessee State Health Insurance Assistance Program (SHIP)
Phone: 1-877-801-0044

ABOUT:

- Tennessee SHIP is a statewide program that provides free, objective counseling and assistance to persons with questions or problems regarding Medicare and other related health insurance plans.
- SHIP operates through the state’s 9 Area Agencies on Aging & Disability (AAADs). These agencies offer a variety of services besides SHIP, all aimed at helping elderly people and/or those with disabilities to live better lives.

State Pharmaceutical Assistance Programs (SPAPs)

TN Department of Health, HIV/STD Program
Phone: 1-615-741-7500 or 1-800-525-2437

ADDITIONAL PROGRAMS AND RESOURCES

For general medication access and affordability options, resources, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- Standard Prior Authorization (PA) Form
- Oral Parity Laws
- Patient Assistance Programs & National Foundations
- Advocacy Connector
- Elected Officials
- View a glossary of common healthcare terms

References:
**ADDITIONAL PROGRAMS AND RESOURCES**

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:

- **Standard Prior Authorization (PA) Form**
- **Oral Parity Laws**
- **Patient Assistance Programs & National Foundations**
- **Advocacy Connector**
- **Elected Officials**
- **View a glossary of common healthcare terms**

---

**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Texas include: Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

**Treatment Access: Get On It and Stay On It**

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:
- Texas has a limited continuity of care provision that requires plans to cover "at the contracted benefit level" a prescription drug that has been removed from coverage for an enrollee until the enrollee's plan renewal date. In addition, health plans must provide notice when they make modifications to drug coverage, including removing a drug from a formulary and adding a prior authorization requirement.

**STEP THERAPY**:
- Health benefit plan issuers that use step therapy protocols must establish clinical review criteria, have an exceptions process, and grant exception requests under certain situations. The exceptions process must be in a user-friendly format that is readily accessible to the patient and the prescribing provider. Further, a health benefit plan that provides coverage for the treatment of stage-four advanced metastatic cancer may not require an enrollee to fail to successfully respond to a different drug, or prove a history of failure of a different drug, before providing coverage of a U.S. Food and Drug Administration (FDA) approved prescription drug, if use of the prescribed drug is consistent with best practices and supported by peer-reviewed, evidenced-based medical literature.

**Biosimilar Legislation**

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an "interchangeable" biosimilar by the FDA and meets other state law requirements.

**Medicaid Expansion**

- As of April 2022, Texas has not expanded Medicaid.

**State Health Insurance Assistance Programs (SHIPs)**

**PROGRAM NAME**:
- Health Information Counseling & Advocacy Program of Texas (HICAP)
  Phone: 1-800-252-3439

**ABOUT**:
- HICAP maintains a statewide system of health insurance counseling for older and disabled Texans, and provides information about both public benefits and private health insurance. All HICAP programs in Texas are committed to working with seniors, particularly in benefits counseling. Benefits counselors provide information and assistance and act as advocates when needed.

**State Pharmaceutical Assistance Programs (SPAPs)**

- **Texas HIV Medication Program**
  Phone: 1-800-255-1090

- **Texas THMP State Pharmacy Assistance Program (SPAP)**
  Phone: 1-888-311-7632

---

References:
**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Utah include: AARP® Medicare Rx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

**Medicaid Expansion**

- Because Utah has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Utah, click here.²

**State Pharmaceutical Assistance Programs (SPAPs)**

**AIDS Drug Assistance Program**³
1-801-538-6197

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.⁴

---

**References:**
VERMONT

Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Vermont include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

- Because Vermont has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Vermont, click here.²

State Health Insurance Assistance Programs (SHIPs)

- The Vermont State Health Insurance Assistance Program (SHIP) Phone: 1-800-642-5119

ABOUT:⁴

- The SHIP program is designed to provide help with questions or concerns about Medicare-related issues to those 65 years of age and over and/or those with disabilities.

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Vermont does not appear to have any explicit continuity of care laws that apply to prescription drugs.

STEP THERAPY²:

- An insurer requiring the use of step therapy is not permitted to require failure on the same medication on more than one occasion for continuously enrolled patients.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements.³

State Pharmaceutical Assistance Programs (SPAPs)

- Vermont Medication Assistance Program (VMAP)⁵
  Phone: 1-802-951-4005

Healthy Vermonters and VPharm⁶
Phone: 1-800-642-5119

References:
CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- Virginia requires plans to cover a medically necessary non-formulary drug for an enrollee who has been receiving the drug for at least six months prior to the formulary change, provided the prescribing physician determines that the formulary drug is an “inappropriate therapy” for the patient or that changing drug therapy “presents a significant health risk to the specific patient.” The law specifically exempts substituting the “generic equivalent drug,” which has been approved by the U.S. Food and Drug Administration (FDA), for a branded version of such drug. Thus, a biosimilar version of a reference biological would presumably be subject to this law.

STEP THERAPY:

- Carriers that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. When coverage of a prescription drug for the treatment of any medical condition is restricted for use by a carrier or utilization review organization through the use of a step therapy protocol, the patient and prescribing provider shall have access to a clear, readily accessible, and convenient process to request a step therapy exception. A carrier or utilization review organization may use its existing medical exceptions process to satisfy this requirement. The process shall be made easily accessible on the carrier’s or utilization review organization's website.

Medicaid Expansion

- Because Virginia has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Virginia, click here.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME:
Virginia Insurance Counseling and Assistance Program (VICAP)
Phone: 1-800-552-3402

ABOUT:
- The Virginia Division for the Aging (VDA) assists patients with selecting insurance, determining how much coverage they need, and understanding medical bills. Individual insurance counseling is available through the VICAP. Counselors can help resolve claims or billing problems, assist with filling for benefits, and help sort through complicated statements and notices.

State Pharmaceutical Assistance Programs (SPAPs)

Virginia AIDS Drug Assistance Program
Phone: 1-855-362-0658

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Washington include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.1

Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING2:
- If a drug is removed from a carrier’s formulary for a reason other than withdrawal of the drug from the market, availability of the drug over-the-counter, or the issue of black box warnings by the U.S. Food and Drug Administration (FDA), a carrier must continue to cover the drug for the time period required for an enrollee to use a carrier’s substitution process to request continuation of coverage for the removed medication, and receive a decision through that process, unless patient safety requires swifter replacement. Additionally, when a carrier changes or newly limits drug coverage, prior notice of the change must be provided as soon as is practicable to enrollees who filled a prescription for the drug within the prior three months.

STEP THERAPY3:
- Carriers that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. Such processes must “not unreasonably restrict an enrollee’s access to non-formulary or alternate medications” for situations where the enrollee is unresponsive to treatment. Washington law also limits the ability of a health plan to charge excessive co-payments in administering their step therapy plans.
- Additionally, health plans delivered, issued for delivery, or renewed on or after January 1, 2021 that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. When coverage of a prescription drug for the treatment of any medical condition is subject to step therapy protocol, the covered person and the prescribing health care professional shall have access to a clear, readily accessible, and convenient process to request an exception. A carrier or utilization review organization may use its existing medical exceptions process to satisfy this requirement. The process must be easily accessible on the website of the health carrier, and prescription drug management organization. Further, approval criteria must be clearly posted in plain language and understandable to providers and patients.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the FDA and meets other state law requirements.2

Medicaid Expansion

- Because Washington has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Washington, click here.3

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME4:
Statewide Health Insurance Benefits Advisors (SHIBA)
Phone: 1-800-562-6900

ABOUT4:
- SHIBA understands healthcare coverage and provides free, unbiased healthcare coverage counseling to people of all ages. They assist with understanding healthcare coverage options and rights, finding affordable healthcare coverage, and evaluating and comparing health insurance plans. Volunteers are part of the SHIBA HelpLine.

State Pharmaceutical Assistance Programs (SPAPs)

Washington State Early Intervention Program5
Phone: 1-877-376-9316 or 1-360-236-3426

### Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in West Virginia include: **AARP® MedicareRx Saver Plus,** **Cigna Secure Rx,** **ClearSpring Health Value Rx,** **Elixir RxSecure,** **Humana Basic Rx Plan,** **SilverScript Choice,** and **WellCare Classic.**

### Treatment Access: Get On It and Stay On It

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:  
- West Virginia does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

**STEP THERAPY**:  
- Health plans that use step therapy protocols must have an exceptions process and grant exceptions in certain situations. When coverage of a prescription drug for the treatment of any medical condition is restricted by a health plan issuer or utilization review organization through the use of a step therapy protocol, the patient and the prescribing healthcare provider shall have access to a clear and convenient process to request a step therapy exception determination. The process shall be made easily accessible on the health plan issuer’s or utilization review organization’s website. The health plan issuer or utilization review organization must provide a prescription drug for treatment of the medical condition at least until the step therapy exception determination is made.

### Medicaid Expansion

- Because West Virginia has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in West Virginia, [click here].

### Biosimilar Legislation

- Except as limited by the prescriber and unless instructed otherwise by the patient, a pharmacist who receives a prescription for a specific biological product shall select a less expensive interchangeable biological product unless in the exercise of his or her professional judgment the pharmacist believes that the less expensive drug is not suitable for the particular patient. The pharmacist shall provide notice to the patient or the patient’s designee regarding the selection of a less expensive interchangeable biological product. If, in the professional opinion of the prescriber, it is medically necessary that an equivalent drug product or interchangeable biological product not be selected, the prescriber may so indicate by certifying that the specific brand-name drug product prescribed, or the specific brand-name biological product prescribed, is medically necessary for that particular patient.

### State Health Insurance Assistance Programs (SHIPs)

**PROGRAM NAME**:  
**State Health Insurance Assistance Programs (SHIPs)**  
Phone: 1-877-987-4463 or 1-304-558-3317

**ABOUT**:  
- West Virginia’s Medicare information, counseling, and assistance program began in 1992. The website (accessed by clicking on program name above) has a zip code searchable database for locating a counselor.

### State Pharmaceutical Assistance Programs (SPAPs)

- **AIDS Drug Assistance Program**
  
  Phone: 1-304-232-6822

### ADDITIONAL PROGRAMS AND RESOURCES

- For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please click one of the following links:
  - **Standard Prior Authorization (PA) Form**
  - **Oral Parity Laws**
  - **Patient Assistance Programs & National Foundations**
  - **Advocacy Connector**
  - **Elected Officials**
  - **View a glossary of common healthcare terms**

---

**References**:  
**Low Income Subsidy (LIS) Programs**

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Wisconsin include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Elixir RxSecure, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.7

**Treatment Access: Get On It and Stay On It**

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING2:**
- Wisconsin does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

**STEP THERAPY2:**
- When coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, pharmacy benefit manager, or utilization review organization through the use of a step therapy protocol, the insurer, pharmacy benefit manager, or utilization review organization must provide access to a clear, readily accessible and convenient process to request an exception. An insurer, pharmacy benefit manager, or utilization review organization may use its existing medical exceptions process to satisfy this requirement. The process must be easily accessible on the website of the insurer, pharmacy benefit manager, or utilization review organization.

**Medicaid Expansion**

- As of April 2022, Wisconsin has not expanded Medicaid.3

**Biosimilar Legislation**

- A pharmacist shall dispense every prescription using either the biological product prescribed or an interchangeable biological product, if the interchangeable biological product is lower in price to the consumer than the biological product prescribed, and shall inform the consumer of the options available in dispensing the prescription. A prescribing practitioner may indicate, by writing on the face of the prescription order or, with respect to a prescription order transmitted electronically, by designating in electronic format the phrase “No Substitutions” or words of similar meaning or the initials “N.S.,” that no substitution of the biological product prescribed may be made under substitution. If such indication is made, the pharmacist shall dispense the prescription with the specific biological product prescribed. No preprinted statement regarding biological product substitution may appear on the face of the prescription order.2

**State Health Insurance Assistance Programs (SHIPs)**

**PROGRAM NAME4:**
- The Medigap Helpline
  - Phone: 1-800-242-1060

**ABOUT4:**
- The Medigap Helpline assists in making insurance decisions. It is a statewide, toll-free number provided by the Wisconsin Board on Aging and Long Term Care. Patients can call with questions about Medigap insurance, and counselors will help evaluate their Medicare supplemental insurance and clarify other related issues or complexities.

**State Pharmaceutical Assistance Programs (SPAPs)**

**Division of Public Health: ADAP6**
- Phone: 1-608-267-6875 or 1-800-991-5532

**Wisconsin SeniorCare6**
- Phone: 1-800-657-2038

References:
Low Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for "Extra Help" to pay for prescription drugs. The LIS programs in Wyoming include: AARP® MedicareRx Saver Plus, Cigna Secure Rx, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

Medicaid Expansion

- As of April 2022, Wyoming has not expanded Medicaid.³

Treatment Access: Get On It and Stay On It

- Continuity of Care/Non-Medical Switching: Wyoming does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

- Step Therapy: Wyoming does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME: Wyoming State Health Insurance Information Program (WSHIIP)
Phone: 1-800-856-4398

ABOUT: WSHIIP is a federally mandated program, set up to help seniors and others on Medicare understand their rights and answer their questions. There are over 80 volunteers in most of the Wyoming counties who will counsel beneficiaries and help solve problems confidentiality and free of cost. Trained counselors promote consumer understanding of Medicare, Medicaid, Medicare supplemental insurance, and long-term care insurance.

Biosimilar Legislation

- Pharmacists may substitute a biological product for the prescribed reference biologic if it is deemed to be an "interchangeable" biosimilar by the U.S. Food and Drug Administration (FDA) and other state law requirements are met, unless certain exceptions apply.²

State Pharmaceutical Assistance Programs (SPAPs)

HIV Services Program
Phone: 1-307-777-7529

LOW-INCOME SUBSIDY (LIS) ELIGIBILITY

“Extra Help” is on the way! Eligible patients have a reduced co-pay per month. Find out who qualifies.

KEY FACTS
- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The Medicare LIS program provides financial assistance for patients who may otherwise be unable to afford the costs associated with their Medicare Part D plan.
- Eligible patients may receive assistance paying their monthly premium, have a reduced or no deductible, have reduced or no prescription coinsurance and co-payments, and have no gap in coverage.

ELIGIBILITY
LIS for prescription drug costs is available in two ways:
1) Automatic eligibility, or 2) By application.
- For more information, please visit: http://www.medicare.gov/ and https://www.ssa.gov/

EFFECT OF LIS ON PATIENT COSTS
A Medicare patient may be eligible for 1 of 2 different levels of “Extra Help”—the full subsidy or the partial subsidy.

Full LIS
- Patients deemed automatically eligible for LIS qualify for the full subsidy. A patient may also qualify if he or she has an annual income below 135% of the Federal Poverty Level (FPL) and his or her resources do not exceed limits set by the Social Security Administration (SSA).

Partial LIS
- A patient may qualify for a partial subsidy if he or she has an annual income below 150% of the FPL and his or her resources do not exceed the limitations specified by the SSA for the plan year.
- Partial subsidy-eligible patients may be eligible for a premium subsidy ranging from 25% to 100% of the premium subsidy amount.1

APPLYING FOR “EXTRA HELP”
There is no cost to apply for this program. Patients should start the process early to ensure that the benefit is in place by January 1 of the next Part D plan year. If a patient is having trouble paying for his or her medications, he or she should be aware of the following application options:
- To apply online, visit https://secure.ssa.gov/i1020/start
- To apply by telephone, call 1-800-772-1213. (TTY users should call 1-800-325-0778)

LIS PLANS PER STATE
LIS plans are active in all U.S. states. To see plans that are active in your state, select the orange U.S. map icon on the top of this page, and then select your state within the map page.*

EFFECT OF LIS ON PATIENT COSTS (CONTINUED)
- Patients who qualify for full LIS are entitled to a premium subsidy equal to 100% of the plan’s premium for basic prescription drug coverage, or the regional low-income premium subsidy amount, also called the “benchmark premium.”

Partial LIS
- A patient may qualify for a partial subsidy if he or she has an annual income below 150% of the FPL and his or her resources do not exceed the limitations specified by the SSA for the plan year.
- Partial subsidy-eligible patients may be eligible for a premium subsidy ranging from 25% to 100% of the premium subsidy amount.1

State-specific legislation may help patients to receive uninterrupted medical services in some situations.

**KEY FACTS**

- Patients are more likely to qualify for continuity of care when undergoing medical services for major illnesses or procedures. Patients with non-acute medical conditions they would like treated (such as treatment for an ear infection) may not qualify for continuity of care.

- To determine if medical services for a patient’s particular illness or procedure qualify for continuity of care, it is best for the patient to check with his or her healthcare professional and health plan.

- Non-medical switching is a change in a patient’s prescribed medicine that is driven by factors other than the clinical safety and effectiveness of the product, such as a health plan’s removal of the drug from its formulary, or when a patient changes health plans and is subject to new formulary rules.

- Continuity of care protections may help to ensure that established patients can remain on their prescribed drug regimen when medically appropriate to do so.

- Step therapy or a fail-first protocol is an insurer’s policy that requires a patient to try therapies in a specific order (i.e., try a less expensive generic or biosimilar version of a therapy before moving up a “step” to the more expensive therapy) and is often imposed as part of the prior authorization process.

- Some states have passed laws that restrict the use of step therapy and fail-first protocols, such as by requiring payers to provide a process through which patients and providers can obtain an exception.¹

---

**STATES WITH CONTINUITY OF CARE/NON-MEDICAL SWITCHING PROTECTIONS**

All states colored in blue have instituted continuity of care and/or non-medical switching protections.¹

**STATES WITH STEP THERAPY PROTECTIONS**

All states colored in blue have instituted step therapy protections.¹

---

BIOSIMILAR LEGISLATION

Learn more about how states are planning to regulate substitution of biologic drugs.

KEY FACTS

- States regulate the use of brand-name and generic prescription drugs through statutes and rules about substitution of generics for brand-name prescriptions. However, regulating biologic drug substitution raises more complex issues. Biologic drugs are much more difficult to replicate than small molecule drugs. While identical “generic” versions of biologics are currently virtually impossible to produce, manufacturers may obtain U.S. Food and Drug Administration (FDA) approval for biological products that are “highly similar” (but not identical) to brand-name biological products. In addition, the FDA can deem a biosimilar product “interchangeable” with a brand-name product, which is an even more stringent standard.

- Traditional statutes regulating “generic drugs” could possibly be misapplied to new biosimilar products that are not identical.

- There are initiatives underway to amend older state laws to address the medical and chemical characteristics of “biologics,” as well as any future generic-style “follow-on biologics” or “biosimilars.”

- Since 2013, at least 49 states have considered legislation to establish standards for substitution of a “biosimilar” prescription product.

- As of December 31, 2017, fewer than 10 drugs have gained full approval by the FDA as biosimilars in the United States. No products have been deemed interchangeable.

COMMON FEATURES OF STATE LEGISLATION 2013-2018

- Any biosimilar product under consideration for substitution must first be approved as “interchangeable” by the FDA.

- The prescriber would still be able to request the innovator product by stating “dispense as written,” “brand medically necessary,” or other similar language.

- The prescriber must be notified of any allowable substitution made at a pharmacy.

- The individual patient must be notified that a substitute or switch has been made. In some cases, state law would require patient consent before any such switch is made.

- In some states, the pharmacist and physician must retain records of substituted biologic medications.

- Some state legislation provides immunity for pharmacists who make a biologic substitution in compliance with state law.

- Some state legislation requires the pharmacist to explain the cost or price of the biologic and the interchangeable biosimilar.

- Some state legislation requires that the state must maintain a public or web-based list of permissible interchangeable products.

CURRENT STATE LAWS AND LEGISLATION

All states colored in blue have enacted legislation for biologics and biosimilar substitution.

MEDICAID EXPANSION

HOW TO APPLY IF YOUR STATE HAVEN’T EXPANDED
Each state has coverage options that could work for your patients, particularly if they have children, are pregnant, or have a disability. In all states, patients can apply for Medicaid coverage in 1 of 2 ways:

1. Directly to the state Medicaid agency, using the “select your state” drop-down menu at https://www.healthcare.gov/medicaid-chip/eligibility/ to locate the contact information, or
2. By filling out an online application at https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/ located under the option to “Apply for Medicaid coverage, even if your state hasn’t expanded.”

STATES WITH EXPANDED MEDICAID
The states colored in blue have implemented Medicaid expansion.

KEY FACTS
• The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover adults under 65 years of age with incomes up to 133% of the Federal Poverty Level (FPL), which is effectively 138% of the FPL due to calculation method. Children (18 years of age and under) are eligible up to that income level or higher in all states.
• In states with expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of other factors usually taken into account in Medicaid eligibility decisions.

SUPPORT IN STATES THAT HAVE EXPANDED
• Patients can qualify based on income alone in states that have expanded Medicaid. Patients earning below 133% of the FPL will likely qualify for coverage. (In 2022, the FPL is $13,590 a year as a single person or $27,750 for a family of four. Alaska and Hawaii use a different income limit.) Click here to learn more.
• Patients earning more than these amounts can buy a private insurance plan in the Marketplace, and/or may be eligible for tax credits that lower the cost of monthly premiums and out-of-pocket costs.

SUPPORT IN STATES THAT HAVEN’T EXPANDED
• Patients earning more than 100% of the FPL will be able to buy a private health insurance plan in the Marketplace and may qualify for premium tax credits and other savings based on household size and income.
• Patients earning less than 100% of the FPL won’t qualify for lower costs for private insurance based on income, but may be eligible for Medicaid, even without the expansion, based on the state’s existing rules.

More patients than you think may now be eligible for Medicaid! Find out if your patients are eligible.

**STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)**

Free information. Free counseling. Learn about an outstanding resource for providers and patients with Medicare or Medicare-related health insurance questions.

**KEY FACTS**

- State Health Insurance Assistance Program (SHIPs) provide free, in depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. These are grant-funded projects of the federal U.S. Department of Health & Human Services (HHS), and the U.S. Administration for Community Living (ACL).¹

- SHIPs provide free information and counseling for providers and patients with questions or concerns about Medicare or Medicare-related health insurance. SHIPs can also help beneficiaries save on Medicare costs.¹

**STATES WITH SHIP**

SHIPs operate in all 50 states, and also in the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.¹ To access SHIP descriptions and contact information, visit [https://www.shiphelp.org/](https://www.shiphelp.org/).

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Don’t give up—there may be assistance options for patients without insurance who are not eligible for government programs.

KEY FACTS
• SPAPs offer prescription drug assistance for state residents who lack insurance coverage for medicines, or who were not eligible for other government programs. Low-income, elderly patients, and patients with disabilities who do not qualify for Medicaid are often assisted by SPAPs.³
• SPAPs utilize state funds to pay for a portion of insurance costs, usually for a defined population that meets certain enrollment criteria.¹

ADDITIONAL INFORMATION
• Some states offer programs that can help people with certain illnesses pay for their prescription drugs. HIV/AIDS Drug Assistance Programs (ADAPs) and programs for people suffering from end-stage renal disease (ESRD) are programs in this category.¹
• States that offer SPAPs often coordinate their SPAPs with Medicare Part D drug benefits. Check with the individual state program to see how it works with Part D.
• If a drug is covered by both your patient’s SPAP and Part D plan, the patient’s payment plus the SPAP payment for the drug will count towards the out-of-pocket maximum your patient is required to reach before his or her Medicare drug costs go down.²

CHALLENGES
• An increasing number of states use discounts or bulk purchasing approaches that do not draw upon state funds for the drug purchases.
• Since the passage of the federal Affordable Care Act (ACA), state legislatures have been less active on SPAP issues.³

STATES WITH SPAP/ADAP PROGRAMS
All 50 states currently have SPAPs and/or ADAPs in place.¹³⁴

Standard PA forms may streamline processing and approvals to benefit both patients and office staff.

**KEY FACTS**
- A standardized, or “uniform,” PA form may be required in certain states to submit PA requests to a health plan for review, along with the necessary clinical documentation. These standard forms can be used across payers and health benefit managers (this includes health insurers, prepaid managed care organizations, third-party administrators, entities that establish self-insurance plans, healthcare clearinghouses, and other entities that perform claims processing and other administrative functions).
- A standardized PA form assists providers by streamlining the data submission process for selected services that require PA.
- Standardized PA forms may help medical practices assist patients in receiving their necessary medical and healthcare services in a timely manner and with less administrative complexity.

**LIMITATIONS**
- Most standardized PA forms are only applicable to prescription drug benefits, but some states have standardized PA forms for other medical services.
- Standardized PA forms are typically not applicable to self-funded employer-sponsored health plans, Medicare Part D plans, and Medicaid fee-for-service plans.

**STATES WITH A STANDARD PA FORM**
The states colored in blue are the only states that have a standard PA form.¹

ORAL PARITY LAWS

Looking to limit patient costs influencing chemotherapy decisions? See how states are helping to equalize patient costs between oral and intravenous chemotherapy.

KEY FACTS

- Oral parity laws require payers to equalize patient cost-sharing between oral chemotherapy and intravenous (IV) chemotherapy under a given health plan.1
- Patients are often required to pay more under their insurance plans for oral chemotherapy than for physician-administered treatment.
- Health plans typically cover IV chemotherapy as a medical benefit2 with patients charged for treatment as part of an outpatient visit, usually requiring a flat co-payment that covers both the drug and the administration.3 Average costs for the patient are $20–$40 per visit.4
- Oral parity laws are designed to address this discrepancy, enabling patients and physicians to choose the most effective treatment option without regard to potential cost.
- Health plans typically cover oral chemotherapy under their pharmacy benefit. A health plan’s pharmacy benefit will usually require a patient to pay a percentage of the drug’s cost, rather than a flat co-payment.

LIMITATIONS

- State oral parity laws only govern health insurance plans that are subject to state oversight. This includes private individual, small group, and large group plans. Employer self-insured plans are generally regulated by the federal Employment Retirement Income Security Act (ERISA) and are not subject to state oversight. Medicare Part D is a public, federal program and is not subject to state insurance regulatory requirements. Note that eligibility criteria varies by state.
- Oral parity laws do not require health plans to offer chemotherapy services. Rather, they ensure that when chemotherapy services are offered, cost-sharing is comparable regardless of how they are administered.5

STATES WITH ORAL PARITY LAWS

All states colored in blue have passed oral parity laws.5

No co-pay assistance? There are still options that may be available. Learn about non-profit or other options available to assist patients with prescription drug costs.

KEY FACTS

- In recent years, healthcare choices have expanded significantly, many due to advances in pharmaceutical treatments. Although prescription drug expense represents only a small portion of total U.S. healthcare spending, the out-of-pocket costs for individual patients can be significant. These are some of the resources that are available to assist patients with their prescription drug costs.

FOUNDATIONS & FUNDS

Veteran Community Care Program

- For general information regarding the Veteran Community Care Program, including eligibility requirements: [https://www.va.gov/COMMUNITYCARE/programs/veterans/General_Care.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/General_Care.asp)

- If you are a veteran who is interested in receiving care through the Veteran Community Care Program: [https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp](https://www.va.gov/COMMUNITYCARE/programs/veterans/index.asp)

- If you are a community provider interested in providing services to eligible veterans through the Veteran Community Care Program: [https://www.va.gov/COMMUNITYCARE/providers/index.asp](https://www.va.gov/COMMUNITYCARE/providers/index.asp)

The Assistance Fund, Inc. provides eligible underinsured individuals with financial assistance to cover all or part of the individuals’ out-of-pocket cost for the supported medications. Patients must meet financial criteria and be diagnosed with a program-related illness.

<table>
<thead>
<tr>
<th>FOUNDATIONS &amp; FUNDS (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CancerCare</strong> is a non-profit organization that helps people being treated for cancer afford co-payments for chemotherapy and targeted treatment drugs. Covered diagnoses may vary. Patients must be insured. Financial and clinical eligibility criteria apply.</td>
</tr>
</tbody>
</table>
| 275 Seventh Avenue  
22nd Floor  
New York, NY 10001  
Phone: 1-800-813-HOPE (4673)  
Fax: 1-212-712-8495  
E-mail: info@cancercare.org  
Website: [www.cancercare.org](http://www.cancercare.org) |
| **Good Days** provides co-pay assistance to underinsured patients who require the use of expensive, specialty therapeutics. Good Days maintains separate funds for each of the disease states covered and all disease/drug options may not always be available. Each disease and the medications covered are defined using proprietary guidelines. |
| 2611 Internet Blvd.  
Suite 105  
Frisco, TX 75034  
Phone: 1-877-968-7233  
Fax: 1-214-570-3621  
E-mail: info@mygooddays.org  
Website: [www.mygooddays.org](http://www.mygooddays.org) |
| **HealthWell Foundation** is a co-payment assistance foundation that provides financial assistance to eligible individuals to cover coinsurance, co-payments, and deductibles for certain medications and therapies. Patients must be insured to participate. |
| 4700 Millenia Blvd., Suite 410  
Orlando, FL 32839  
Phone: 1-855-845-3663  
Fax: 1-833-865-3757  
Website: [www.tafcares.org](http://www.tafcares.org) |

See more on next page

PATIENT ASSISTANCE PROGRAMS & NATIONAL FOUNDATIONS

FOUNDATIONS & FUNDS (continued)

Leukemia & Lymphoma Society (LLS) offers help with premiums and co-pays for patients who meet financial qualifying criteria and have an LLS Co-Pay Program-covered blood cancer diagnosis confirmed by a physician. Prescription drugs supplied to the patient by a pharmacy or administered in an office or hospital by a healthcare provider are included. The program cannot provide financial assistance for drugs not included on the patient’s insurance plan or drug formulary. Prescription insurance coverage is required to qualify.

National Organization for Rare Disorders (NORD) administers Patient Assistance Programs to help patients in financial need obtain medications. Available programs are medication, disorder, or clinical trial specific. Assistance includes help with the cost of prescription insurance premiums and co-payments, as well as other services. Eligibility criteria and maximum award levels can vary by program.

Patient Access Network Foundation provides financial support for out-of-pocket costs associated with a wide range of drugs to treat a number of conditions.

Patient Advocate Foundation (PAF) a division of the Patient Advocate Foundation, provides financial assistance with co-payments, coinsurance, and deductibles for insured patients, including Medicare Part D beneficiaries, who financially and medically qualify. Pharmacies or providers may enroll patients online.

Accessia Health (formerly Patient Services, Inc.) offers premium assistance as well as a variety of co-pay assistance programs. Assistance is disease-specific and the type and availability of programs can vary.

For a complete list of not-for-profit local, national, and state resources, please visit https://www.cancer.com/support-tools/advocacy-connector.
Your online destination to connect patients to national or state advocacy groups that can provide support.

KEY FACTS

- The Advocacy Connector website provides an interactive questionnaire that, when completed, identifies resources targeted to oncology patient needs. Available resources include financial, legal, and insurance assistance, among others.
- The Advocacy Connector makes it as easy as possible for you to find and contact the advocacy groups most relevant to your patient’s needs. All you need to do is enter information about your patient’s illness and the types of resources the patient is looking for, and the site will generate a list of groups and resources.

WEBSITE

https://www.cancer.com/support-tools/advocacy-connector

Find Advocacy Groups Near You

Advocacy organizations offer a range of different services, including financial support or transportation services. They may even be able to help you in ways you never expected. Use this tool to find organizations near you that can help.

Start by choosing the type of cancer you are interested in, your ZIP code, and the resources you’d like to locate. Then click the “Show Resources” button to locate and learn more about the resources that may be near you.

Cancer.com is intended to provide resources in the Advocacy Connector that may be helpful to you along your treatment journey. It is not intended to provide medical advice, replace your treatment plan with your doctor or nurse, or provide treatment direction. You should always talk to your healthcare provider and treatment team about any medical decisions and concerns you may have about your condition. Links from Cancer.com are provided as a service to our website visitors.
For more questions or concerns regarding state issues requiring legislative intervention, visit the sites below.

CONTACT YOUR STATE LEGISLATURE
Visit the sites below to find your elected officials:

- **U.S. SENATORS:**
  https://www.senate.gov/general/contact_information/senators_cfm.cfm

- **U.S. REPRESENTATIVES:**
  http://www.house.gov/representatives/

- **STATE LEGISLATURE WEBSITES:**
  https://www.congress.gov/state-legislature-websites