

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 Substitution
- 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



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.

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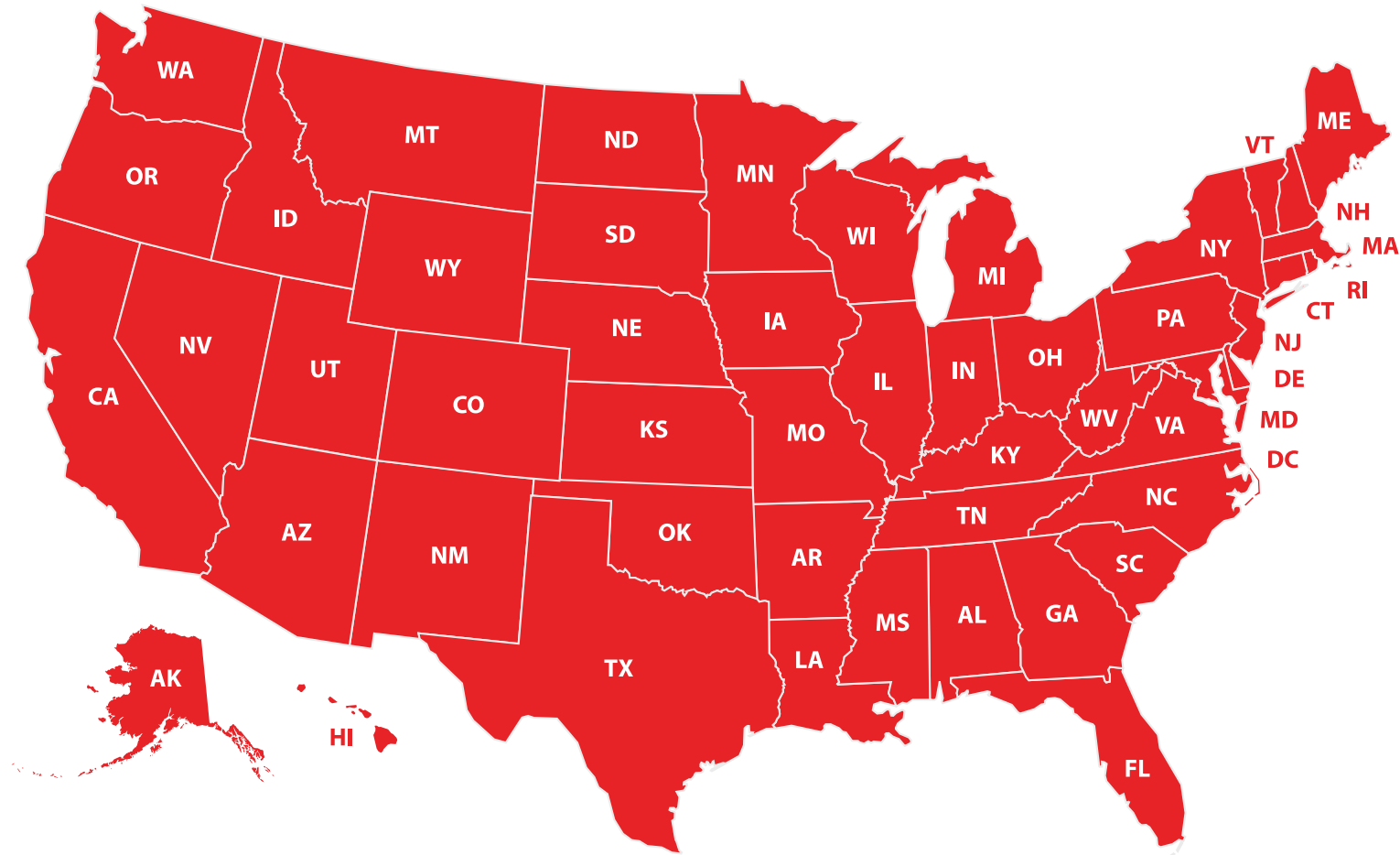


Affordability Options

INTERACTIVE MAP

CLICK ON A STATE IN THIS MAP TO LEARN MORE ABOUT STATE-SPECIFIC AFFORDABILITY OPTIONS

Collected in 05/24 and may change.





ALABAMA



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: [Humana Basic Rx Plan](#), [Members Health Insurance Company Farm Bureau Essential Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Alabama does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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 Substitution

- 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 US Food and Drug Administration (FDA), is less expensive than the reference biologic, and meets other state law requirements.²



Medicaid Expansion

- As of May 2024, Alabama has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-243-5463

ABOUT⁵:

- Alabama has SHIP counselors and volunteers. SHIP counselors and volunteers help participants know and understand their insurance options.
- SHIP counselors and volunteers 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.



State Pharmaceutical Assistance Programs (SPAPs)

[Alabama AIDS Drug Assistance Program⁶](#)

Phone: 1-866-574-9964

[Alabama SeniorRx⁷](#)

Phone: 1-800-243-5463



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Alabama Department of Senior Services, Medicare & Insurance Counseling. Accessed May 1, 2024. <https://alabamaageline.gov/ship/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Alabama Department of Senior Services, Prescription Drug Assistance. Accessed May 1, 2024. <https://alabamaageline.gov/senior/>



ALASKA



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](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Alaska does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- Alaska does not appear to have any laws or regulations specifically applicable to step therapy/fail-first requirements. Alaska Medicaid does have several provisions related to prior authorization with limited exceptions.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US 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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Programs \(SHIP\) & Senior Medicare Patrol \(SMP\)](#)

Phone: 1-800-478-6065

ABOUT⁵:

- Alaskans are helping Alaskans get more out of their Medicare through 2 programs: SHIP and 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 statewide network of counselors helps beneficiaries understand Medicare and other health insurance programs and plans.



State Pharmaceutical Assistance Programs (SPAPs)

[Alaska AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-800-478-2437

[Alaska Department of Health Senior Benefits Program](#)⁷

Phone: 1-877-625-2372



Click the book icons for additional info

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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:

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- > [Patient Assistance Programs & National Foundations](#)
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- > [Elected Officials](#)
- > [View a glossary of common healthcare terms](#)

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Alaska Department of Health, Medicare Information Office. Accessed May 1, 2024. <https://health.alaska.gov/dsds/Pages/medicare/default.aspx/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Alaska Department of Health, Senior Benefits. Accessed May 1, 2024. <https://health.alaska.gov/dpa/Pages/seniorbenefits/default.aspx>



ARIZONA



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: [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- Effective for policies delivered or renewed on or after December 31, 2022, Arizona requires that healthcare 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 Substitution

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

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Arizona Department of Economic Security. Accessed May 1, 2024. <https://des.az.gov/medicare-assistance> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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. In June 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state's approved work requirement. For more details on Medicaid expansion in Arizona, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-432-4040

ABOUT⁵:

- The SHIP is a free health benefits counseling service for Medicare beneficiaries. SHIP empowers, educates, and assists Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to help individuals make informed health insurance decisions that optimize access to care and benefits.
- SHIP is an independent program federally funded by the Administration for Community Living and is not affiliated with the insurance industry.



State Pharmaceutical Assistance Programs (SPAPs)

[Arizona AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-602-542-1025



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ADDITIONAL PROGRAMS AND RESOURCES

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ARKANSAS



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

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 healthcare provider to use step therapy more than once for the same prescription, even if the insurer or review agency changes its formulary. 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. 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.



Biosimilar Substitution

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

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Arkansas SHIIP. Accessed May 1, 2024. <https://www.shiipar.com/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



Medicaid Expansion

- Because Arkansas 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. Arkansas obtained federal approval to use Medicaid expansion funds to subsidize premiums for beneficiaries who purchase private health insurance through the health insurance marketplace. Under a Section 1115 waiver approved by the Centers for Medicare & Medicaid Services (CMS), Arkansas replaced its previous Medicaid expansion program (Arkansas Works) with a new program entitled Arkansas Health and Opportunity for Me (ARHOME). Although ARHOME does not include work requirements, there are incentives for beneficiaries to look for work. Effective January 1, 2023, the state may no longer charge premiums to enrollees with income above the poverty level. Arkansas has submitted a request to CMS to allow Qualified Health Plans (QHPs) to provide incentives to enrollees for participating in health and economic-related initiatives. In June 2023, the state requested to amend ARHOME to allow the state to reassign certain QHP enrollees who do not participate in workforce "engagement" activity requirements to receive fee-for-service coverage. For more details on Medicaid expansion in Arkansas, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Information Program \(SHIIP\)](#)
Phone: 1-800-224-6330

ABOUT⁵:

- SHIIP’s local counselors offer free one-to-one in-person or over-the-phone guidance regarding Medicare, Medicare Advantage Plans, Medicare Supplements, and Medicare Part D (drug plans).
- SHIIP partners perform a screening to determine if a Medicare recipient is eligible for a low-income subsidy or help with drug costs. SHIIP and its partners also examine ways to lower out-of-pocket Medicare expenses or review other ways to save money.



State Pharmaceutical Assistance Programs (SPAPs)

[Arkansas AIDS Drug Assistance Program \(ADAP\)](#)⁶
Phone: 1-501-661-2408



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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:

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CALIFORNIA



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: [Cigna Secure Rx](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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. California prohibits formularies from discouraging the enrollment of individuals with health conditions.
- Additionally, California law prohibits a drug formulary maintained by a healthcare service plan or a health insurer from containing more than 4 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 co-insurance amount.

STEP THERAPY²:

- 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.
- If there is more than one drug that is clinically appropriate for the treatment of a medical condition, a healthcare service plan that provides coverage for prescription drugs may require step therapy but must expeditiously grant a request for a step therapy exception if a prescribing provider submits necessary justification and 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, medical history, and the professional judgment of the enrollee’s provider.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US 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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[California Department of Aging’s Health Insurance Counseling and Advocacy Program \(HICAP\)](#)

Phone: 1-800-434-0222

ABOUT⁵:

- HICAP provides free, confidential one-on-one counseling, education, and assistance to individuals and their families on Medicare, Long-Term Care insurance, other health insurance related issues, and planning ahead for Long-Term Care needs. HICAP counselors are trained in Medi-Cal and Medicare and can help explain complex insurance options.



State Pharmaceutical Assistance Programs (SPAPs)

[California AIDS Drug Assistance Program \(ADAP\)⁶](#)

Phone: 1-844-421-7050

[California Prescription Drug Discount Program⁷](#)

Phone: 1-916-518-3100



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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. California Department of Aging, Medicare Counseling (HICAP). Accessed May 1, 2024. https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/ 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. California State Board of Pharmacy, Prescription Drug Discount Program for Medicare Recipients. Accessed May 1, 2024. https://www.pharmacy.ca.gov/consumers/medicare_discount.shtml



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](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Effective January 1, 2024, an override exception request will be granted if the patient's healthcare provider demonstrates certain criteria. In addition, a pharmacy benefits manager (PBM) may not modify to a patient's current prescription drug formulary during the plan year for plans in the individual market. The PBM may, however, move the drug to a tier with higher cost-sharing during the plan year under certain circumstances and with advance notice to enrollees.

STEP THERAPY²:

- Effective January 1, 2024, a carrier, private utilization review organization, or PBM that uses step therapy must use clinical review criteria to establish the protocol and publish it online. A carrier, private utilization review organization, or PBM must grant a step therapy exception request if the prescribing provider provides justification that: (1) the required drug is contraindicated or will likely cause an adverse reaction or harm; (2) the required drug is ineffective; (3) the covered person has tried and failed the required drug; or (4) the covered person is stable on a drug after undergoing step therapy or having sought and received a step therapy exception. Step therapy exception requests must be granted or denied within 3 days after receipt of request, or 24 hours in exigent circumstances.
- Currently, 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. An insurance carrier that covers treatment for stage IV advanced metastatic cancer may not require a patient to follow a step therapy protocol prior to receiving a drug approved for treatment.
- Effective January 1, 2025, with respect to a covered drug prescribed for mental illness, an insurer's step therapy protocol may only require a covered person to try one prescription drug other than the drug prescribed by the provider prior to providing coverage for the prescribed drug and if a covered person's provider attests on a form that certain conditions are met, the insurer must cover the drug prescribed without requesting step therapy.

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Colorado Division of Insurance, Senior Health Care & Medicare Assistance (Colorado SHIP & SMP). Accessed May 1, 2024. <https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>

- In May 2023, Colorado enacted revisions to its state Medicaid program's step therapy protocols and requires the state department of healthcare policy and financing review and determine if an exception to step therapy is granted if the prescribing provider submits a prior authorization request with justification and supporting clinical documentation for treatment of a serious or complex medical condition and to provide a response to a prior authorization request for a step-therapy exception within 24 hours after receipt of the request.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US 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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Care & Medicare Assistance \(Colorado SHIP & SMP\)](#)
Phone: 1-888-696-7213

ABOUT⁵:

- The SHIP Program helps Medicare enrollees navigate the Medicare system and provides free, unbiased, and individualized information. Colorado's SHIP Program is housed within the Division of Insurance and has 17 local locations at partner agencies around the state.



State Pharmaceutical Assistance Programs (SPAPs)

[Colorado State Drug Assistance Program \(SDAP\)](#)⁶

Phone: 1-303-692-2000



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CONNECTICUT



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: [UnitedHealthcare AARP® MedicareRx Basic from UHC](#) and [Wellcare Classic](#).¹



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 non-medical switching limitations that apply specifically to prescription drug coverage, but does have protections related to continued treatment by a physician.

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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US 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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[The CHOICES Program](#)
Phone: 1-800-994-9422

ABOUT⁵:

- Connecticut’s program for Health Insurance Assistance Outreach, Information, Referral, Counseling and Eligibility Screening (CHOICES) is a partnership between the state’s 5 Area Agencies on Aging (AAAs) and the Center for Medicare Advocacy, Inc. It is administered by the Department of Aging and Disability Services.
- CHOICES empowers, educates, and assists Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. This includes free, unbiased, one-on-one benefits counseling on all parts of Medicare.



State Pharmaceutical Assistance Programs (SPAPs)

[Connecticut AIDS Drug Assistance Program \(CADAP\)](#)⁶
Phone: 1-800-424-3310



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ADDITIONAL PROGRAMS AND RESOURCES

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Connecticut State Department of Aging and Disability Services, CHOICES. Accessed May 1, 2024. <https://portal.ct.gov/aginganddisability/content-pages/programs/choices-connecticuts-program-for-health-insurance-assistance-outreach-information-and-referral-couns> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



DELAWARE



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

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

STEP THERAPY²:

- 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 2 business days of receipt.
- Currently, state law requires individual, group, and blanket health insurance policies to cover any medically appropriate drug approved by the US Food and Drug Administration (FDA) for the treatment of stage IV 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 healthcare provider within 2 business days of obtaining a pre-authorization.



Biosimilar Substitution

- 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. The pharmacist is required to notify the prescribing practitioner and the patient about the substitution.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Delaware Medicare Assistance Bureau \(DMAB\)](#)

Phone: 1-800-336-9500

ABOUT⁵:

- The Delaware Medicare Assistance Bureau (DMAB) 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.



State Pharmaceutical Assistance Programs (SPAPs)

[Delaware AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-302-744-1050

[Delaware Prescription Assistance Program](#)⁷

Phone: 1-800-996-9969



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Delaware Department of Insurance, Delaware Medicare Assistance Bureau. Accessed May 1, 2024. <https://insurance.delaware.gov/divisions/dmab/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Delaware Prescription Assistance Program. Accessed May 1, 2024. <https://www.dhss.delaware.gov/dhss/dmma/dpap.html>



DISTRICT OF COLUMBIA



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- 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.



Biosimilar Substitution

- 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 US 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.²

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. DC Department of Aging and Community, Living Health Insurance Counseling. Accessed May 1, 2024. <https://dacl.dc.gov/service/health-insurance-counseling/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[DC State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-202-727-8370

ABOUT⁵:

- Medicare beneficiaries, their families, and caregivers living in the District of Columbia can access free health insurance information, counseling, education, and assistance through the DC SHIP. Trained SHIP counselors can provide information regarding the ins and outs of Medicare. DC SHIP can also assist with resolving unpaid medical bills, making appeals for denials of medical services, and obtaining prescription medications.



State Pharmaceutical Assistance Programs (SPAPs)

[DC AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-202-671-4815



Click the book icons for additional info

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](#)

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FLORIDA



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Florida does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- Florida law prohibits a health insurer or HMO that issues a major medical or individual group policy from requiring a step therapy protocol for a covered prescription drug requested by an insured if: (a) the insured was previously approved to receive the prescription drug after completing a step therapy protocol required by a separate coverage plan; and (b) the insured provides documentation that the health coverage plan approved the prescription drug and paid for the drug on the insured's behalf during the 90 days immediately before the request.
- Health insurers and HMOs must establish a step therapy protocol exemption process. The procedure for the exemption or for appealing denied exemption requests must be published on their website and provided to insureds in writing and must include certain minimum requirements.



Biosimilar Substitution

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



Medicaid Expansion

- As of May 2024, Florida has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[SHINE \(Serving Health Insurance Needs of Elders\)](#)

Phone: 1-800-963-5337

ABOUT⁵:

- The SHINE program provides health insurance information and free, unbiased, and confidential counseling assistance to Medicare beneficiaries, their families, and caregivers. Trained volunteers assist with Medicare, Medicaid, and health insurance questions in one-on-one counseling.



State Pharmaceutical Assistance Programs (SPAPs)

[Florida AIDS Drug Assistance Program \(ADAP\)⁶](#)

Phone: 1-850-245-4422

[Florida Discount Drug Card Program⁷](#)

Phone: 1-866-341-8894



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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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Department of Elder Affairs. Accessed May 1, 2024. <https://www.floridashine.org/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Florida Discount Drug Card Program. Accessed May 1, 2024. <https://www.floridadiscountdrugcard.com/>



GEORGIA



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: [Humana Basic Rx Plan](#) 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 protections related to continued treatment by a physician.

STEP THERAPY²:

- Health benefit plans that cover treatment for stage IV advanced metastatic cancer are prohibited from limiting or excluding coverage of an US Food and Drug Administration (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.



Biosimilar Substitution

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



Medicaid Expansion

- As of May 2024, Georgia has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Georgia SHIP](#)

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

ABOUT⁵:

- 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 3 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 \(ADAP\)](#)⁶

Phone: 1-404-656-9805



Click the book icons for additional info

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](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Georgia Department of Human Services, State Health Insurance Assistance Program. Accessed May 1, 2024. <https://aging.georgia.gov/georgia-ship> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Aetna Medicare SilverScript Choice](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Hawaii 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 protections related to 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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. Pharmacists must offer an equivalent generic drug product or an interchangeable biological product from the Hawaii list of equivalent generic drug products and interchangeable biological products and upon request, inform the consumer of savings. Pharmacists must also communicate the specific product name and manufacturer to the practitioner after dispensing the product.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Hawaii State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-808-586-7299

ABOUT⁵:

- Hawaii SHIP provides free, unbiased, local, one-on-one Medicare counseling to Medicare-eligible individuals, their families, caregivers, and soon-to-be retirees. Hawaii SHIP also offers free, virtual presentations on Medicare-related topics and participates in health fairs and exhibitions for older adults and people with disabilities.



State Pharmaceutical Assistance Programs (SPAPs)

[Hawaii HIV Drug Assistance Program \(HDAP\)⁶](#)

Phone: 1-808-733-9360



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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:

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> [Oral Parity Laws](#)

> [Patient Assistance Programs & National Foundations](#)

> [Advocacy Connector](#)

> [Elected Officials](#)

> [View a glossary of common healthcare terms](#)

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Hawaii SHIP. Accessed May 1, 2024. <https://www.hawaiihip.org/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



IDAHO



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Effective January 1, 2025, a pharmacy benefits manager (PBM), upon revising its prescription drug formulary during a plan year, must provide a 60 day continuity-of-care period during which the covered prescription drug that is being revised from the formulary continues to be provided at the same cost.

STEP THERAPY²:

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



Biosimilar Substitution

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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Benefits Advisors \(SHIBA\)](#)

Phone: 1-800-247-4422

ABOUT⁵:

- SHIBA, a service of the Idaho Department of Insurance, is Idaho’s provider for the federal network of SHIPs. SHIBA provides free, unbiased Medicare benefits information and assistance for all Idahoans with Medicare. Through a statewide network of regional offices, partner organizations and certified volunteers, SHIBA Medicare counseling, workshops and presentations are available by phone, via internet webinars, and in communities across Idaho.



State Pharmaceutical Assistance Programs (SPAPs)

[Idaho Ryan White Part B AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-208-334-5612



Click the book icons for additional info

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](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Idaho Department of Insurance, Senior Health Insurance Benefits Advisors. Accessed May 1, 2024. <https://doi.idaho.gov/shiba/about-shiba/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



ILLINOIS



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Health insurers must grant a formulary exception if, among other reasons, "the patient is stable on a prescription drug selected by his or her healthcare provider for the medical condition under consideration while on a current or previous health insurance or health benefit plan." Additionally, health insurers shall not modify an enrollee's coverage of a drug during the plan year if certain conditions are met.
- Health insurers are prohibited from removing a drug from its formulary or negatively changing its preferred or cost-tier sharing unless the health insurer provides specified notifications to enrollees at least 60 days before making the formulary change.
- Health insurers must honor a prior authorization granted to an enrollee from a previous health insurance issuer for at least the initial 90 days of the enrollee's coverage under a new health plan, subject to the terms of the member's coverage agreement.

STEP THERAPY²:

- Illinois requires health insurers that offer qualified health plans to implement an exceptions process for step therapy requirements and formulary exclusions and insurers must grant requests under certain circumstances.



Biosimilar Substitution

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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Program \(SHIP\)](#)

Phone: 1-800-252-8966

ABOUT⁵:

- Illinois's SHIP is a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers.
- SHIP counselors educate consumers and answer questions about Medicare, Medicare Supplemental Insurance, long term care insurance, Medicare HMOs, private fee-for-service and other health insurance, as well as organize and assist in filing Medicare and Medicare Supplement claims.



State Pharmaceutical Assistance Programs (SPAPs)

[The Illinois Ryan White Part B AIDS Drug Assistance Program \(ADAP-Medication Assistance\)](#)⁶

Phone: 1-800-825-3518



Click the book icons for additional info

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:

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- > [Oral Parity Laws](#)
- > [Patient Assistance Programs & National Foundations](#)
- > [Advocacy Connector](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Illinois Department on Aging, About (SHIP). Accessed May 1, 2024. <https://ilaging.illinois.gov/ship/aboutship.html> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



INDIANA



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: [Aetna Medicare SilverScript Choice](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

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



Biosimilar Substitution

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



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. In June 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state's approved work requirement. For more details on Medicaid expansion in Indiana, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-452-4800

ABOUT⁵:

- Indiana SHIP is a free and impartial counseling program that helps consumers make decisions regarding health insurance options related to Medicare. SHIP is provided by the Administration for Community Living and the Indiana Department of Insurance.
- SHIP provides one-on-one assistance that can be in person, on the phone, or virtual.



State Pharmaceutical Assistance Programs (SPAPs)

[Indiana AIDS Drug Assistance Plan⁶](#)

Phone: 1-866-588-4948

[HoosierRx⁷](#)

Phone: 1-866-267-4679



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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](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Indiana Department of Insurance. What is SHIP? Accessed May 1, 2024. <https://www.in.gov/ship/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. HoosierRx. Accessed May 1, 2024. <https://www.in.gov/medicaid/members/member-programs/hoosierx/>



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Effective January 1, 2025, a health carrier, health benefit plan, or utilization review organization, under certain circumstances, cannot limit or exclude coverage of a prescription drug for a covered person who is medically stable on such drug as determined by the prescribing health care professional. This is applicable through the last day of the covered person's eligibility under the health benefit plan, or through the last day of the health benefit plan year, whichever is earlier.

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.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Information Program \(SHIIP\)](#)

Phone: 1-800-351-4664

ABOUT⁵:

- SHIIP is a free, objective, and confidential service that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits.
- SHIIP services support people with limited incomes, Medicare beneficiaries under the age of 65 with disabilities, and individuals who are dually eligible for Medicare and Medicaid.
- Services are delivered through a state-wide network of trained and certified counselors who provide assistance in-person and by phone, make group presentations, and use a variety of media sources to educate people about Medicare.



State Pharmaceutical Assistance Programs (SPAPs)

[Iowa AIDS Drug Assistance Program \(ADAP\)⁶](#)

Phone: 1-515-204-3746



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Senior Health Insurance Information Program (SHIIP). Accessed May 1, 2024. <https://shiip.iowa.gov/senior-health-insurance-information-program-shiip> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



KANSAS



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Kansas does not appear to have continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements. A pharmacist may not substitute a biosimilar product for a prescribed biologic if the provider notes “dispense as written” on the prescription.²



Medicaid Expansion

- As of May 2024, Kansas has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Counseling for Kansas \(SHICK\)](#)

Phone: 1-800-860-5260

ABOUT⁵:

- 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)

[Kansas AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-785-296-6174



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Kansas Department for Aging and Disability Services, Senior Health Insurance Counseling For Kansas (SHICK). Accessed May 1, 2024. <https://kdads.ks.gov/kdads-commissions/aging-services/medicare-programs/shick> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



KENTUCKY



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: [Aetna Medicare SilverScript Choice](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Kentucky 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 protections related to continued treatment by a physician.

STEP THERAPY²:

- 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. However, Kentucky does not prohibit insurers from requiring enrollees to try a generic or interchangeable biological prior to providing coverage for a brand name drug.
- 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 healthcare professionals upon request. Additionally, the step therapy exception request process must be readily accessible and be available on its website.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Commonwealth of Kentucky Cabinet for Health and Family Services, State Health Insurance Assistance Program. Accessed May 1, 2024. <https://www.chfs.ky.gov/agencies/dail/Pages/ship.aspx> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Kentucky Prescription Assistance Program. Accessed May 1, 2024. <https://www.chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/kpap.aspx>



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Kentucky State Health Insurance Assistance Program \(SHIP\)](#)
Phone: 1-877-293-7447 (option #2)

ABOUT⁵:

- 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 better able to make informed decisions about their healthcare. SHIP does not sell any health insurance products.



State Pharmaceutical Assistance Programs (SPAPs)

[Kentucky AIDS Drug Assistance Program \(KADAP\)](#)⁶
Phone: 1-866-510-0005

[Kentucky Prescription Assistance Program \(KPAP\)](#)⁷
Phone: 1-800-633-8100



Click the book icons for additional info

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](#)
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LOUISIANA



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 Louisiana include: [Cigna Secure Rx](#), [Humana Basic Rx Plan](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Louisiana offers a transition period and appeals process for enrollees faced with a non-medical switching situation. Health plans are required to cover a prescription drug that had been previously approved for coverage at the same level “until the enrollee’s plan renewal date.” Additionally, state law requires plans to give 60-days’ notice to enrollees affected by a coverage change for a drug or an “intravenous infusion” to allow the enrollee to file an appeal to continue on previously prescribed therapy.

STEP THERAPY³:

- Louisiana imposes certain limitations on step therapy protocols, including by requiring a clear and convenient exception process, and an override in certain circumstances. Health plans are required to abide by certain standards in developing step therapy protocols. Additionally, plans are prohibited from using step therapy to restrict any prescription benefit for the treatment of stage IV advanced metastatic cancer or associated conditions if use of the prescribed drug is consistent with certain best practices and supported by peer-reviewed, evidence-based medical literature. If a prescribed drug is denied by a health plan based upon step therapy, the plan must provide the prescriber with a list of the alternative drugs. Medicaid managed care plans must have an exceptions policy for drugs that are not included on the formulary. Louisiana also places certain restrictions on the ability of pharmacy benefit managers to require beneficiaries to follow a step therapy protocol.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



Medicaid Expansion

- 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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Information Program \(SHIIP\)](#)

Phone: 1-225-342-5301

ABOUT⁵:

- The SHIIP helps Medicare beneficiaries better understand their Medicare coverage options and benefits. Counselors help seniors make informed decisions by providing free and unbiased guidance via telephone or face-to-face interactive sessions.



State Pharmaceutical Assistance Programs (SPAPs)

[Louisiana Health Access Program \(LA HAP\)](#)⁶

Phone: 1-504-568-7474



Click the book icons for additional info

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](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Louisiana Department of Insurance, Senior Health Insurance Information Program. Accessed May 1, 2024. <https://www.lidi.la.gov/consumers/senior-health-shiip> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



MAINE



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](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 6 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 THERAPY²:

- 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 at least one HIV prevention drug per method of administration.



Biosimilar Substitution

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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-877-353-3771

ABOUT⁵:

- Maine SHIP's trained health insurance counselors are available throughout Maine to provide information about Medicare and other health insurance issues. Maine SHIP services are free, confidential, and available to older people and people who have Medicare because of a disability. Maine SHIP Counselors do not sell insurance or recommend policies.



State Pharmaceutical Assistance Programs (SPAPs)

[Maine AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-207-287-3747

[Maine Low Cost Drugs for the Elderly or Disabled Program \(DEL\)](#)⁷

Phone: 1-866-796-2463



Click the book icons for additional info

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](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. State of Maine Department of Health and Human Services. SHIP & Medicare Assistance. Accessed May 1, 2024. <https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. State of Maine Department of Health and Human Services Pharmacy Benefits. Accessed May 1, 2024. <https://www.maine.gov/dhhs/oms/member-resources/pharmacy-benefits>



MARYLAND



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- 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 IV 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. Effective January 1, 2024, covered health insurers, nonprofit health service plans, health maintenance organizations, and pharmacy benefits managers must have a private review agent make a determination on a step therapy exception request submitted electronically in real time if certain conditions are met or within 1 business day after receiving all information necessary to make the determination.



Biosimilar Substitution

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the US 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 must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-243-3425 or 1-410-767-1100

ABOUT⁵:

- SHIP provides free, unbiased help to Medicare-eligible beneficiaries, their families, and caregivers. SHIP's trained staff and volunteer counselors are available in all 23 counties and Baltimore City for one-on-one assistance and community education.



State Pharmaceutical Assistance Programs (SPAPs)

[Maryland AIDS Drug Assistance Program \(MADAP\)](#)⁶

Phone: 1-410-767-6535

[Maryland Senior Prescription Drug Assistance Program \(SPDAP\)](#)⁷

Phone: 1-800-551-5995



Click the book icons for additional info

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](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Maryland Department of Aging, State Health Insurance Assistance Program. Accessed May 1, 2024. <https://aging.maryland.gov/Pages/state-health-insurance-program.aspx> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Senior Prescription Drug Assistance Program. Accessed May 1, 2024. <https://marylandspdap.com/>



MASSACHUSETTS



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: [UnitedHealthcare AARP® MedicareRx Basic from UHC](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- For health benefit plans delivered, issued for delivery, or renewed after October 1, 2023, Massachusetts requires plans to have a continuity of coverage policy applicable while an insured's step therapy protocol exception request is being reviewed. The continuity of coverage policy must include at least a 30-day fill of a US Food and Drug Administration (FDA)-approved drug reimbursed through a pharmacy benefit that the insured has already been prescribed and on which the insured is stable, without any greater deductible, co-insurance, co-payments, or out-of-pocket limits than would otherwise apply to drugs covered by the plan.

STEP THERAPY²:

- For health benefit plans delivered, issued for delivery, or renewed after October 1, 2023, when coverage of a prescription drug for the treatment of any medical condition is restricted for use by a carrier directly or through a utilization review organization through the use of a step therapy protocol, the insured and prescribing healthcare provider must have access to a clear, readily accessible, and convenient process to request an exception to the step therapy protocol. The law also provides that under certain circumstances, the step therapy exception must be granted. An insurer, health service corporation, health plan, or utilization review entity must grant or deny a step therapy exception request within 3 business days of receipt of all necessary information to establish the medical necessity of the prescribed treatment. The law also provides that under certain circumstances, the step therapy exception determination must be granted within 24 hours of receipt of all necessary information to establish the medical necessity of the prescribed treatment.
- Massachusetts additionally provides that managed care plans must provide easy access to current formularies in writing, via the internet, and by phone. Also, the state has a catastrophic prescription drug plan, which allows elderly individuals to obtain a non-preferred drug at the co-payment level of a preferred drug and provides for an appeal of the exclusion of any prescription drug from any formulary established under the program.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescriber of the substitution of a biological product within a reasonable time of the exchange and comply with certain recording requirements. A pharmacist shall not substitute an interchangeable biological product if the prescriber instructs otherwise in writing.²



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. In April 2024, Massachusetts received federal approval to amend its Section 1115 Demonstration for its Medicaid and Children's Health Insurance Program (CHIP). The amendment allows Massachusetts to add health related social needs services, expand Marketplace subsidies and cost-sharing assistance, provide pre-release services to eligible incarcerated beneficiaries, and expand continuous eligibility to 24 months for older adults experiencing homelessness and 12 months for other adults. For more details on Medicaid expansion in Massachusetts, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Serving the Health Insurance Needs of Everyone \(SHINE\)](#)

Phone: 1-800-243-4636

ABOUT⁵:

- The SHINE Program provides free health insurance information and counseling to all Massachusetts residents with Medicare and their caregivers.
- People who have Medicare or who are about to become eligible for Medicare can meet with a counselor to learn about benefits and options available. A counselor will review programs that help people with limited income to pay health care costs.



State Pharmaceutical Assistance Programs (SPAPs)

[Massachusetts HIV Drug Assistance Program \(HDAP\)](#)⁶

Phone: 1-617-502-1700

[Massachusetts Prescription Advantage](#)⁷

Phone: 1-800-243-4636



Click the book icons for additional info

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](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Massachusetts Executive Office of Elder Affairs. Accessed May 1, 2024. <https://www.mass.gov/orgs/executive-office-of-elder-affairs> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Commonwealth of Massachusetts Executive Office of Elder Affairs, Prescription Advantage. Accessed May 1, 2024. <https://www.prescriptionadvantagemma.org/>



MICHIGAN



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: [Cigna Secure Rx](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Michigan does not appear to have continuity of care provisions or non-medical switching limitations specifically applicable to prescription drugs. Michigan’s healthcare program for Michigan residents enrolled in both Medicare and Medicaid, MI Health Link (MHL), provides a limited continuity of care period for enrollees, including for prescription drugs under certain circumstances.

STEP THERAPY²:

- Effective June 2022, the Michigan Medicaid program cannot require prior authorization for certain prescription drugs recognized in a generally accepted standard medical reference under specific classifications or for treatment of specific conditions.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if: (1) it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA); (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 “dispense as written” or “d.a.w.” on the prescription. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Michigan Medicare/Medicaid Assistance Program (MMAP), About MMAP. Accessed May 1, 2024. <https://mmapinc.org/about-mmap/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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. In March 2020, a federal judge overturned the state's approved work requirement and in April 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state's approved work requirement. For more details on Medicaid expansion in Michigan, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Medicare/Medicaid Assistance Program \(MMAP\)](#)

Phone: 1-800-803-7174

ABOUT⁵:

- MMAP provides free health-benefit counseling services. MMAP counselors educate, counsel, and empower Michigan’s older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions. MMAP counselors answer questions and act as guides through the Medicare and Medicaid programs.
- MMAP counselors also conduct public presentations on Medicare, Medicaid, Medicare Supplemental Insurance, long term care insurance, Medicare Health Plans options, Medicare/Medicaid fraud and abuse, and other issues.
- MMAP sites are housed in regional Area Agencies on Aging, County Departments on Aging, Senior Services Agencies, Commissions on Aging, and other similar organizations located throughout Michigan.



State Pharmaceutical Assistance Programs (SPAPs)

[Michigan HIV/AIDS Drug Assistance Program \(MIDAP\)](#)⁶

Phone: 1-888-826-6565



Click the book icons for additional info

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](#)
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MINNESOTA



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Health plans are required to honor a former plan's prior authorization of healthcare services for at least 60 days. If a health plan changes its coverage terms for a healthcare 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 continued treatment by a healthcare provider.

STEP THERAPY²:

- 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 IV advanced metastatic cancer and the use is consistent with best practices.



Biosimilar Substitution

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



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior LinkAge Line](#)

Phone: 1-800-333-2433

ABOUT⁵:

- The Senior LinkAge Line is a free statewide service that provides help to older Minnesotans, their families, and caregivers with many age-related issues.
- The Senior LinkAge Line can answer questions and help with health insurance counseling, including Medicare, long-term care planning, and prescription drug costs.



State Pharmaceutical Assistance Programs (SPAPs)

[Minnesota HIV Medication Program \(ADAP\)⁶](#)

Phone: 1-651-431-2414



Click the book icons for additional info

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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:

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[Elected Officials](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Minnesota Board on Aging Senior LinkAge Line. Accessed May 1, 2024. <https://mn.gov/board-on-aging/direct-services/senior-linkage-line/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



MISSISSIPPI



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](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Mississippi does not appear to have continuity of care or non-medical switching laws that are applicable to prescription drug coverage.

STEP THERAPY²:

- 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.



Biosimilar Substitution

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



Medicaid Expansion

- As of May 2024, Mississippi has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-844-822-4622

ABOUT⁵:

- SHIP helps older Mississippians and caregivers understand Medicare benefits, organize doctor and hospital bills, file Medicare appeals, review Medicare Supplemental Insurance, evaluate Medicare+ Choice or Health Maintenance Organization (HMO) options, understand Medicaid eligibility, and explore long-term care options.
- SHIP volunteers are trained to answer questions, compare policies, organize paperwork, and help with claims and filing appeals. Their help is free, unbiased, and confidential.



State Pharmaceutical Assistance Programs (SPAPs)

[Mississippi AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-601-362-4879



Click the book icons for additional info

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:

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Mississippi Department of Human Services, Division of Aging & Adult Services. Accessed May 1, 2024. <https://www.mdhs.ms.gov/aging/finding-services-for-older-adults/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- 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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA), the prescribing provider has not indicated that no substitution can be made by writing “brand medically necessary”, “dispense as written”, “do not substitute”, or “DAW” on the prescription, and meets other state law requirements.²



Medicaid Expansion

- Because Missouri 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 Missouri, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Missouri State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-390-3330

ABOUT⁵:

- Missouri SHIP 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. Counselors help members of their community understand their healthcare, navigate the Medicare system, and save money on Medicare costs.



State Pharmaceutical Assistance Programs (SPAPs)

[Missouri Department of Health and Senior Services Through the HIV/AIDS Case Management Program](#)⁶

Phone: 1-573-751-6439



Click the book icons for additional info

ADDITIONAL PROGRAMS AND RESOURCES

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➤ [Oral Parity Laws](#)

➤ [Patient Assistance Programs & National Foundations](#)

➤ [Advocacy Connector](#)

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➤ [View a glossary of common healthcare terms](#)

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Missouri SHIP. Accessed May 1, 2024. <https://www.missouriship.org/about/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



MONTANA



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Montana does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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 Substitution

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the US 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 must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



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. In August 2019, Montana submitted a Section 1115 waiver amendment seeking federal approval for a work requirement, among other changes. The Centers for Medicare & Medicaid Services (CMS) has communicated to the Montana Department of Public Health and Human Services (DPHHS) that a five-year extension of the Medicaid expansion waiver will not include work requirements. Effective January 1, 2023, the state may no longer charge premiums to enrollees with income above the poverty level. For more details on Medicaid expansion in Montana, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Montana State Health Insurance Assistance Program \(SHIP\)](#)
Phone: 1-800-551-3191

ABOUT⁵:

- The Montana SHIP is a free health benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers.
- SHIP counselors are specialists trained in Medicare eligibility, benefits and options, health insurance counseling and related insurance products.



State Pharmaceutical Assistance Programs (SPAPs)

[Montana AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-406-444-3565

[Montana Big Sky Rx Program](#)⁷

Phone: 1-866-369-1233



Click the book icons for additional info

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:

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- > [Oral Parity Laws](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Montana Department of Public Health and Human Services. Accessed May 1, 2024. <https://dphhs.mt.gov/slitc/aging/ship> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Montana DPHHS, Big Sky Rx Program. Accessed May 1, 2024. <https://dphhs.mt.gov/MontanaHealthcarePrograms/BigSky>



NEBRASKA



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Nebraska does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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 healthcare 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 Substitution

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the US 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 must notify the patient and prescriber of the substitution of a biological product within 3 days of the exchange and comply with certain recording requirements.²

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Nebraska Department of Insurance, Nebraska SHIP & SMP. Accessed May 1, 2024. <https://doi.nebraska.gov/consumer/senior-health> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



Medicaid Expansion

- 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. On June 1, 2021, Nebraska announced it would offer full benefits to all expansion adults beginning October 1, 2021. In September 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter approving the state's request to withdraw its approved Section 1115 waiver, which included a work requirement. For more details on Medicaid expansion in Nebraska, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Nebraska SHIP](#)

Phone: 1-800-234-7119

ABOUT⁵:

- Nebraska SHIP empowers, educates, and assists Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.
- SHIP counselors provide free, confidential, and unbiased assistance. Counselors are available to meet for one-on-one counseling.



State Pharmaceutical Assistance Programs (SPAPs)

[Nebraska AIDS Drug Assistance Program⁶](#)

Phone: 1-402-471-2101



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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:

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NEVADA



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Nevada provides that, under certain circumstances, a health plan may not limit or exclude coverage for a drug if it had previously been approved by the plan. In addition, Nevada places limitations on moving a drug to a higher-cost formulary tier.

STEP THERAPY²:

- Health plans are prohibited from using step therapy to require an enrollee to use a method of contraception other than the method prescribed. Plans may, however, impose higher cost-sharing for certain contraceptive drugs. Nevada is required to evaluate step therapy protocols for use in the Medicaid program based on clinical evidence and best practices, without consideration of cost. Effective January 1, 2024, insurers requiring step therapy must: (1) establish a clear, convenient, and readily accessible process by which an insured or their doctor can request an exemption and appeal a decision concerning a request for an exemption; and (2) respond to a request made or an appeal no later than 2 business days after it is submitted or 24 hours if exigent circumstances exist.



Biosimilar Substitution

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the US 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.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-307-4444

ABOUT⁵:

- SHIP provides information, counseling, and assistance to Medicare beneficiaries in Nevada, involving a statewide network of volunteers.
- SHIP volunteers offer free one-on-one assistance and counseling with respect to many problems seniors encounter regarding Medicare, supplemental health insurance, and long-term care options.



State Pharmaceutical Assistance Programs (SPAPs)

[Nevada AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-702-486-0768



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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:

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Nevada Department of Health & Human Services, Aging Services-Medicare Assistance Program (MAP). Accessed May 1, 2024. [https://adsd.nv.gov/Programs/Seniors/Medicare_Assistance_Program_\(MAP\)/MAP_Prog/](https://adsd.nv.gov/Programs/Seniors/Medicare_Assistance_Program_(MAP)/MAP_Prog/) 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Cigna Secure Rx](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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.

STEP THERAPY²:

- Health plans may not require failure of the same drug more than once. Health plans must allow enrollees to obtain an emergency prescription for up to 72 hours of a formulary drug (or a drug deleted from the formulary in the last 90 days) in the event the plan requires prior authorization and the prior authorization has neither been approved nor denied, if a pharmacist has determined that the medication is essential. Effective January 2021, health plans must respond to a prior authorization request for a formulary drug within 2 business days.



Biosimilar Substitution

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



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. In July 2019, a federal judge overturned the state's approved work requirement, and the Centers for Medicare & Medicaid Services (CMS) withdrew approval for the work requirement in March 2021. For more details on Medicaid expansion in New Hampshire, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[ServiceLink Resource Centers](#)
Phone: 1-866-634-9412

ABOUT⁵:

- SHIP-Medicare specialists assist people to make informed, health insurance choices based on their personal needs. SHIP offers free, confidential, and unbiased health insurance counseling.
- SHIP-Medicare Specialists are conveniently located at every community-based office in every county of New Hampshire.



State Pharmaceutical Assistance Programs (SPAPs)

[New Hampshire CARE Program](#)⁶
Phone: 1-603-271-4502



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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. New Hampshire Department of Health and Human Services. ServiceLink: Medicare Support Services. Accessed May 1, 2024. <https://www.dhhs.nh.gov/programs-services/adult-aging-care/servicelink/servicelink-medicare-support-services> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



NEW JERSEY



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

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

STEP THERAPY²:

- 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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-792-8820

ABOUT⁵:

- SHIP provides free help to New Jersey Medicare beneficiaries who have problems with, or questions about, their health insurance.
- Volunteer counselors, trained in areas of health insurance coverage and benefits that affect Medicare beneficiaries, provide information and assistance for dealing with claims and in evaluating health insurance options.



State Pharmaceutical Assistance Programs (SPAPs)

[New Jersey ADDP Program](#)⁶

Phone: 1-877-613-4533

[New Jersey Pharmaceutical Assistance to the Aged and Disabled Program \(PAAD\)](#)⁷

Phone: 1-800-792-9745

[New Jersey Senior Gold Discount Card Program](#)⁸

Phone: 1-800-792-9745



Click the book icons for additional info

ADDITIONAL PROGRAMS AND RESOURCES

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. State of New Jersey Department of Human Services, State Health Insurance Assistance Program (SHIP). <https://nj.gov/humanservices/doas/services/q-z/ship/>. Accessed May 1, 2024. 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. NJ Department of Human Services Division of Aging Services, Pharmaceutical Assistance to the Aged & Disabled (PAAD). Accessed May 1, 2024. <https://www.nj.gov/humanservices/doas/services/l-p/paad/> 8. NJ Department of Human Services Division of Aging Services, Senior Gold Prescription Discount Program. Accessed May 1, 2024. <https://www.nj.gov/humanservices/doas/services/q-z/senior-gold/>



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic](#) from UHC, and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- New Mexico limits formulary changes by HMOs and individual and group healthcare plans by prohibiting any changes within 120 days of a previous change, unless a generic version of the drug is available. Insurers must also provide enrollees at least 60 days’ advance written notice if changes are made to a formulary.

STEP THERAPY²:

- Health plans must establish clinical review criteria for step therapy protocols, provide enrollees and practitioners access to a clear, readily accessible, and convenient process to request a step therapy exception determination, and grant a step therapy exception under certain circumstances. New Mexico limits the use of step therapy to contraception, but plans may still impose higher cost-sharing for brand name drugs under certain circumstances.



Biosimilar Substitution

- Pharmacists may substitute a biosimilar for the prescribed reference biologic if: (1) the US 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 must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. New Mexico Aging & Long-Term Services Department, SHIP. Accessed May 1, 2024. <https://aging.nm.gov/consumer-elder-rights/aging-disability-resource-center-adrc/ship> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. The New Mexico Medical Insurance Pool. Accessed May 1, 2024. <https://www.nmmip.org/>



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. New Mexico Medicaid received federal approval to extend continuous health insurance coverage to children from birth to age 6. Starting January 1, 2024, this expansion eliminates the need for annual Medicaid renewals for this age group. For more details on Medicaid expansion in New Mexico, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-432-2080

ABOUT⁵:

- SHIP provides free, unbiased, expert health insurance information, counseling, and assistance to New Mexico residents and their families.
- SHIP counselors help Medicare beneficiaries and their families navigate the complex health insurance system by explaining Medicare options and complex issues in accessible language. Counselors can help compare the costs and benefits of Medicare with other health insurance options, and can help with health insurance enrollment.



State Pharmaceutical Assistance Programs (SPAPs)

[New Mexico HIV Services Program](#)⁶

Phone: 1-505-476-3628

[New Mexico Medical Insurance Pool](#)⁷

Phone: 1-844-728-7896



Click the book icons for additional info

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](#)

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NEW YORK



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](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

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, co-payment, or co-insurance, 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, co-payment, or co-insurance 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 US 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 2 or more tiers of benefits providing for different co-payments applicable to prescription drugs may move a prescription drug to a tier with a larger co-payment 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. Insurance companies, HMOs, and utilization review agents must issue a written notice of an adverse determination in relation to a step therapy protocol override determination.

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. New York State Office for the Aging, Health Insurance Information Counseling and Assistance Program (HIICAP). Accessed May 1, 2024. <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. New York State Department of Health, Elderly Pharmaceutical Insurance Coverage (EPIC) Program. Accessed May 1, 2024. https://www.health.ny.gov/health_care/epic/



Biosimilar Substitution

- 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. The pharmacist must notify the prescribing practitioner about the substitution within 5 days of the substitution and comply with certain reporting 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. In the New York State FY 2023 Budget, the state expanded Medicaid eligibility by eliminating the resource eligibility test and raising the income level to 138% of the Federal Poverty Level for low-income New Yorkers age 65 and up, as well as those with disabilities. For more details on Medicaid expansion in New York, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:
[Health Insurance Information, Counseling and Assistance Program \(HIICAP\)](#)
Phone: 1-800-701-0501

ABOUT⁵:

- HIICAP works directly with Medicare beneficiaries to educate them about the Medicare Program, Medigap policies, Medicaid, Medicare Advantage Plans, long term care insurance, low-income subsidy programs, employer-sponsored insurance, and other health insurance programs that are available in New York State.



State Pharmaceutical Assistance Programs (SPAPs)

[New York HIV Uninsured Care Programs⁶](#)
Phone: 1-800-542-2437

[New York State Elderly Pharmaceutical Insurance Coverage \(EPIC\) Program⁷](#)
Phone: 1-800-332-3742



Click the book icons for additional info

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](#)
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- > [Patient Assistance Programs & National Foundations](#)
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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: [Humana Basic Rx Plan](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

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

STEP THERAPY²:

- 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.



Biosimilar Substitution

- 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 US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording requirements.²



Medicaid Expansion

- North Carolina expanded Medicaid, effective December 1, 2023. Because of the expansion, 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 Carolina, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[The Seniors’ Health Insurance Information Program \(SHIIP\)](#)
Phone: 1-855-408-1212

ABOUT⁵:

- SHIIP counsels Medicare beneficiaries and caregivers about Medicare, Medicare Supplemental Insurance, Medicare Advantage, Medicare Part D, and long term care insurance.
- SHIIP has counselors in every county across the state who are trained to be the go-to people for seniors and Medicare beneficiaries in their local communities. The counselors offer free and unbiased 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.



State Pharmaceutical Assistance Programs (SPAPs)

[North Carolina HIV Medication Assistance Program⁶](#)

Phone: 1-877-466-2232



Click the book icons for additional info

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](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. North Carolina Department of Insurance. Accessed May 1, 2024. <https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip/contact-seniors-health-insurance-information-program-shiip> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



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 US Food and Drug Administration (FDA)-approved drug used to treat metastatic cancer. The North Dakota Medicaid program must grant prior authorization requests under certain circumstances.



Biosimilar Substitution

- 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 FDA and meets other state law requirements. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 2 days of the exchange and comply with certain recording requirements.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-888-575-6611

ABOUT⁵:

- The State Health Insurance Assistance Program (SHIP) of North Dakota offers free help with finding the right insurance coverage. Trained counselors can assist with all Medicare issues, including Original Medicare, Medicare Part D, Medicare Advantage plans, and long-term care insurance. The counselors are not affiliated with any companies.



State Pharmaceutical Assistance Programs (SPAPs)

[North Dakota Department of Health, HIV/AIDS Program](#)⁶

Phone: 1-701-328-2378

[North Dakota Prescription Connection](#)⁷

Phone: 1-888-575-6611



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ADDITIONAL PROGRAMS AND RESOURCES

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[Oral Parity Laws](#)

[Patient Assistance Programs & National Foundations](#)

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[Elected Officials](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. North Dakota Insurance Department, Medicare NDSHIP. Accessed May 1, 2024. <https://www.insurance.nd.gov/consumers/medicare> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. North Dakota Insurance Department Prescription Connection. Accessed May 1, 2024. <https://www.insurance.nd.gov/consumers/prescription-connection>



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

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

STEP THERAPY²:

- 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 IV 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 US Food and Drug Administration (FDA) or the national comprehensive cancer network drugs and biologics compendium for the treatment of stage IV advanced metastatic cancer; or (2) best practices and supported by peer-reviewed, evidenced-based medical literature.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the FDA, the prescribing provider has not indicated that no substitution can be made by writing “dispense as written”, “D.A.W.,” “do not substitute,” or “brand medically necessary” on the prescription, and meets other state law requirements.²



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. In August 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state’s approved work requirement. On July 4, 2023, Ohio Governor Mike DeWine signed a two-year state budget that requires the director of the Ohio Department of Medicaid to apply for a Section 1115 waiver from CMS in February 2025 to implement work requirements. For more details on Medicaid expansion in Ohio, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Ohio Senior Health Insurance Information Program \(OSHIIP\)](#)

Phone: 1-800-686-1578

ABOUT⁵:

- OSHIIP provides Medicare beneficiaries with free, objective health insurance information and one-on-one counseling. The program educates consumers about Medicare, Medicare prescription drug coverage (Part D), Medicare Advantage options, and Medicare supplement insurance. OSHIIP is funded by state funds and a federal grant.



State Pharmaceutical Assistance Programs (SPAPs)

[Ohio HIV Drug Assistance Program⁶](#)

Phone: 1-800-777-4775



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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:

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➤ [Oral Parity Laws](#)

➤ [Patient Assistance Programs & National Foundations](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Ohio Department of Insurance Ohio Senior Health Insurance Information Program (OSHIIP). Accessed May 1, 2024. <https://insurance.ohio.gov/about-us/divisions/oshiip> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Aetna Medicare SilverScript Choice](#), [Blue Cross and Blue Shield of Oklahoma](#), [Humana Basic Rx Plan](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Oklahoma does not appear to have continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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. Further, effective November 1, 2023, a health benefit plan that provides coverage for advanced metastatic cancer and associated conditions may not require, before the health benefit plan provides coverage of a prescription drug approved by the US Food and Drug Administration (FDA), that the enrollee 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. This requirement only applies to the use of a drug which is: (1) consistent with best practices for the treatment of advanced metastatic cancer or associated conditions; (2) supported by peer-reviewed, evidence-based literature; and (3) approved by the FDA.



Biosimilar Substitution

- 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 US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacy must inform the patient of the substitution.²



Medicaid Expansion

- Because Oklahoma 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 Oklahoma, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Counseling Program \(SHIP\)](#)

Phone: 1-800-763-2828

ABOUT⁵:

- 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.



State Pharmaceutical Assistance Programs (SPAPs)

[HIV/STD Services Division, OK State Department of Health](#)⁶

Phone: 1-405-271-4636

[Rx for Oklahoma Prescription Assistance](#)⁷

Phone: 1-877-794-6552



Click the book icons for additional info

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:

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➤ [Oral Parity Laws](#)

➤ [Patient Assistance Programs & National Foundations](#)

➤ [Advocacy Connector](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Oklahoma Insurance Department, SHIP Division - Senior Health Insurance Counseling Program. Accessed May 1, 2024. <https://www.oid.ok.gov/consumers/information-for-seniors/senior-health-insurance-counseling-program-ship/> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Oklahoma Commerce, Rx for Oklahoma Prescription Assistance. Accessed May 1, 2024. <https://www.okcommerce.gov/rx-for-oklahoma-prescription-assistance/>



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: [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Oregon law does not appear to include any specific continuity of care provisions or non-medical switching limitations for prescription drug coverage. 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 THERAPY²:

- 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 Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and comply with certain recording 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. As of July 1, 2023, immigration/citizenship status no longer affects whether someone qualifies for Oregon Medicaid. For more details on Medicaid expansion in Oregon, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Insurance Benefits Assistance \(SHIBA\)](#)

Phone: 1-800-722-4134

ABOUT⁵:

- The SHIBA program provides free counseling to people with Medicare and their families.
- The phone number above can be called to receive one-on-one counseling and assistance from SHIBA counselors.
- SHIBA counselors provide information about Medicare, including what health and prescription drug plans are available, and can help with Medicare appeals and complaints.



State Pharmaceutical Assistance Programs (SPAPs)

[CAREAssist: Oregon’s AIDS Drug Assistance Program⁶](#)

Phone: 1-971-673-0144



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ADDITIONAL PROGRAMS AND RESOURCES

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Oregon Department of Human Services. Accessed May 1, 2024. <https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/se3900.pdf> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



PENNSYLVANIA



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 US Food and Drug Administration (FDA).

STEP THERAPY²:

- 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 IV 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 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 Substitution

- 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 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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Pennsylvania Medicare Education and Decision Insight \(PA MEDI\)](#)
Phone: 1-800-783-7067

ABOUT⁵:

- PA MEDI 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.



State Pharmaceutical Assistance Programs (SPAPs)

[Pennsylvania Special Pharmaceutical Benefits Program - HIV/AIDS⁶](#)
Phone: 1-800-922-9384

[Pharmaceutical Assistance Contract for the Elderly \(PACE and PACENET\)⁷](#)

Phone: 1-800-225-7223

[Pennsylvania Chronic Renal Disease Program⁸](#)

Phone: 1-800-225-7223

[Pennsylvania Special Pharmaceutical Benefits Program - Mental Health⁹](#)

Phone: 1-877-356-5355



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Pennsylvania Department of Aging, Pennsylvania Medicare Education and Decision Insight - PA MEDI. Accessed May 1, 2024. <https://www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Pharmaceutical Assistance Contract for the Elderly. Accessed May 1, 2024. <https://pacecares.magellanhealth.com/> 8. Chronic Renal Disease Program. Accessed May 1, 2024. <https://www.health.pa.gov/topics/programs/Chronic-Renal-Disease/Pages/Chronic%20Renal%20Disease.aspx> 9. Special Pharmaceutical Benefits Program: Mental Health. Accessed May 1, 2024. <https://www.pa.gov/en/agencies/dhs/resources/for-providers/special-pharmaceuticals.html>



RHODE ISLAND



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: [UnitedHealthcare AARP® MedicareRx Basic from UHC](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Rhode Island requires that certain insurers notify plan enrollees of an upcoming formulary change and provide information regarding the exceptions process.

STEP THERAPY²:

- Rhode Island laws do not specifically address step therapy protocols, but they do require insurers to 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.



Biosimilar Substitution

- Pharmacists must substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” by the US Food and Drug Administration (FDA) and other state law requirements are met, unless certain exceptions apply. The pharmacist must notify the practitioner about the substitution within 5 days of the substitution.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Rhode Island State Health Insurance Assistance Program \(SHIP\)](#)
Phone: 1-888-884-8721

ABOUT⁵:

- The State Health Insurance Assistance Program (SHIP) helps people find the right Medicare coverage at the right cost. SHIP also assists beneficiaries with limited income to apply for programs, such as Medicaid, Medicare Savings Program, and Extra Help/Low-Income Subsidy, which can subsidize or reduce healthcare costs.



State Pharmaceutical Assistance Programs (SPAPs)

[AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-401-462-3295

[Rhode Island Drug Cost Assistance](#)⁷

Phone: 1-401-462-0560



Click the book icons for additional info

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:

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Rhode Island Office of Healthy Aging, Medicare Counseling. Accessed May 1, 2024. <https://oha.ri.gov/Medicare> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Rhode Island Office of Healthy Aging, Drug Cost Assistance. Accessed May 1, 2024. <https://oha.ri.gov/what-we-do/access/health-insurance-coaching/drug-cost-assistance>



SOUTH 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 South Carolina include: [Mutual of Omaha Rx Plus](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- South Carolina 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 protections related to continued treatment by a physician.

STEP THERAPY²:

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



Biosimilar Substitution

- A pharmacist may substitute a biosimilar for the prescribed biologic if: (1) the US 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 May 2024, South Carolina has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-868-9095

ABOUT⁵:

- The SHIP provides free, in depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers.
- SHIP Counselors answer questions about Medicare and assist people in obtaining coverage through options that include the Original Medicare program, Medicare Advantage (Part C) Plans, Medicare Prescription Drug (Part D) Plans, and programs designed to help people with limited incomes pay for their health care, such as Medicaid, the Medicare Savings Program, and the Low-Income Subsidy.
- SHIP Counselors also help people compare Medicare Supplemental Insurance (Medigap) policies and explain how these and other supplemental insurance options, such as insurance plans for retirees, work with Medicare.



State Pharmaceutical Assistance Programs (SPAPs)

[South Carolina AIDS Drug Assistance Program⁶](#)

Phone: 1-800-856-9954



Click the book icons for additional info

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](#)
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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. South Carolina Department on Aging, Our Programs. Accessed May 1, 2024. <https://aging.sc.gov/programs-initiatives/medicare-and-medicare-fraud> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



SOUTH 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 South Dakota include: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- South Dakota does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage. 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 THERAPY²:

- Health plans that have a formulary must provide for an exceptions 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 healthcare 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 Substitution

- 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 5 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.²



Medicaid Expansion

- South Dakota expanded Medicaid, effective July 1, 2023. Because of the expansion, 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. Following the passage of a resolution by the state legislature in February 2024, a constitutional amendment that would authorize the state to impose work requirements will appear on the November 2024 ballot. For more details on Medicaid expansion in South Dakota, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Senior Health Information & Insurance Education \(SHIINE\)](#)

Eastern South Dakota: 1-800-536-8197; Central South Dakota: 1-877-331-4834; Western South Dakota: 1-877-286-9072

ABOUT⁵:

- SHIINE provides free, confidential, and unbiased information to Medicare beneficiaries. SHIINE is not affiliated with any company that sells or distributes a product or service.
- 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 Health⁶](#)

Phone: 1-800-592-1861



Click the book icons for additional info

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:

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➤ [Oral Parity Laws](#)

➤ [Patient Assistance Programs & National Foundations](#)

➤ [Advocacy Connector](#)

➤ [Elected Officials](#)

➤ [View a glossary of common healthcare terms](#)

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn2>. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Senior Health Information and Insurance Education, About SHINE. Accessed May 1, 2024. <https://shiine.net/about.html> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [Farm Bureau Health Plans Essential Rx Plan](#), [Humana Basic Rx Plan](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- Health carriers, benefit plans, or utilization review organizations must provide access to a clear, readily accessible, and convenient process through which patients or prescribing practitioners can request a step therapy exception in the case of a denial through the use of a step therapy protocol. The law also establishes criteria under which a step therapy exception must be granted, including when the required prescription drug is contraindicated, when the required prescription drug is not in the best interest of the patient based on clinical appropriateness, or if the patient is receiving a positive therapeutic outcome on the prescription drug selected by the patient's healthcare provider.



Biosimilar Substitution

- Pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the US Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the practitioner about the substitution within 5 days of the substitution.²



Medicaid Expansion

- As of May 2024, Tennessee has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[The Tennessee State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-877-801-0044

ABOUT⁵:

- The Tennessee SHIP is a federally funded program that provides free, unbiased counseling and assistance to Tennessee's Medicare-eligible individuals, their families, and caregivers. Tennessee SHIP's trained counselors can assist consumers with understanding Medicare and Medicaid benefits.



State Pharmaceutical Assistance Programs (SPAPs)

[Tennessee AIDS Drug Assistance Program \(ADAP\)](#)⁶

Phone: 1-615-741-7500



Click the book icons for additional info

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> [Patient Assistance Programs & National Foundations](#)

> [Advocacy Connector](#)

> [Elected Officials](#)

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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Tennessee Commission on Aging & Disability, TN SHIP: Tennesseans' Medicare Resource. Accessed May 1, 2024. <https://www.tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-.html> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



TEXAS



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: [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- 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 THERAPY²:

- 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. In addition, a health benefit plan that provides coverage for the treatment of stage IV 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 US 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. Effective September 1, 2023, a health benefit plan that provides coverage for prescription drugs to treat a “serious mental illness” may not require that the enrollee: (1) fail to successfully respond to more than one different drug for each drug prescribed, excluding the generic or pharmaceutical equivalent of the prescribed drug; or (2) prove a history of failure of more than one different drug for each drug prescribed, excluding the generic or pharmaceutical equivalent of the prescribed drug.

References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Texas Health and Human Services, Medicare. Accessed May 1, 2024. <https://www.hhs.texas.gov/services/health/medicare> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Texas Health and Human Services, Kidney Health Care. Accessed May 1, 2024. <https://www.hhs.texas.gov/services/health/kidney-health-care>



Biosimilar Substitution

- 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

- As of May 2024, Texas has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Health Information Counseling & Advocacy Program of Texas \(HICAP\)](#)

Phone: 1-800-252-9240

ABOUT⁵:

- The Texas Health Information, Counseling, and Advocacy Program (HICAP) can help residents enroll, find information, and provide counseling about the Medicare options available in Texas.
- Benefit counselors across the state can provide Medicare and Medicaid information and education, including information regarding Medigap, Medicare Advantage, and Medicare prescription drug coverage. Benefit counselors can also help with Original Medicare eligibility, enrollment, benefits, complaints, rights, and appeals.



State Pharmaceutical Assistance Programs (SPAPs)

[Texas HIV Medication Program \(THMP\)](#)⁶

Phone: 1-800-255-1090

[Texas Kidney Health Care \(KHC\)](#)⁷

Phone: 1-800-222-3986



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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](#)
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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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- An insurer that removes a drug from its formulary is required to permit an enrollee or their provider to request an exemption from the formulary change for the purpose of providing the patient with continuity of care.

STEP THERAPY²:

- Utah provides for some limitations regarding the use of step therapy, but they are only applicable to the Medicaid program. Effective May 1, 2024, a health benefit plan must provide an enrollee notice and justification 30 days before changing coverage of a drug that the enrollee had been actively taking for at least 180 days. This provision does not apply if the change requires the enrollee to try a generic or a biosimilar of the drug.



Biosimilar Substitution

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



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. In August 2021, the Centers for Medicare & Medicaid Services (CMS) issued a letter moving to withdraw the state's approved work requirement. For more details on Medicaid expansion in Utah, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Utah Senior Health Insurance Program](#)

Phone: 1-800-541-7735

ABOUT⁵:

- The Senior Health Insurance Program (SHIP) offers free one-on-one counseling and assistance to people with Medicare and their families. SHIP also provides Medicare education presentations and programs.



State Pharmaceutical Assistance Programs (SPAPs)

[Utah AIDS Drug Assistance Program⁶](#)

1-801-538-6191



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References: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Utah Insurance Department, Seniors. Accessed May 1, 2024. <https://insurance.utah.gov/consumer/seniors> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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: [UnitedHealthcare AARP® MedicareRx Basic from UHC](#) and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Vermont does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

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 Substitution

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



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. On January 22, 2024, Vermont announced extended Medicaid coverage for children under the age of 19. Due to the extension, children will typically not lose coverage until their annual enrollment period, even if they would otherwise no longer qualify. For more details on Medicaid expansion in Vermont, [click here](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

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

ABOUT⁵:

- The SHIP provides information, assistance, and support to Medicare beneficiaries who need help selecting or managing public and/or private health insurance benefits.



State Pharmaceutical Assistance Programs (SPAPs)

[Vermont Medication Assistance Program \(VMAP\)](#)⁶

Phone: 1-802-951-4005

[Vermont Prescription Assistance](#)⁷

Phone: 1-800-250-8427



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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](#)
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VIRGINIA



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 Virginia include: [Aetna Medicare SilverScript Choice](#), [Humana Basic Rx Plan](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Virginia requires plans to cover a medically necessary non-formulary drug for an enrollee who has been receiving the drug for at least 6 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 US 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 THERAPY²:

- 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.



Biosimilar Substitution

- 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 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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Virginia Insurance Counseling and Assistance Program \(VICAP\)](#)
Phone: 1-804-662-9333

ABOUT⁵:

- The Virginia Insurance Counseling and Assistance Program (VICAP) offers free, unbiased, confidential counseling and assistance for people with Medicare.
- VICAP counselors can help Medicare beneficiaries, including those with disabilities and younger than 65, explore options that best meet their needs. Counselors can help compare the quality of care and services given by available health and prescription drug plans. VICAP counselors can also help with filing for medical benefits, low-income subsidies, healthcare appeals, and grievances.



State Pharmaceutical Assistance Programs (SPAPs)

[Virginia \(VA\) Medication Assistance Program \(MAP\)](#)⁶

Phone: 1-855-362-0658



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn2> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Virginia Division for Community Living, VICAP - Medicare / Prescriptions. Accessed May 1, 2024. <https://www.vda.virginia.gov/vicap.htm> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



WASHINGTON



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: [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), 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 US 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 3 months.

STEP THERAPY²:

- 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 healthcare 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 Substitution

- 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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Statewide Health Insurance Benefits Advisors \(SHIBA\)](#)

Phone: 1-800-562-6900

ABOUT⁵:

- SHIBA provides free, unbiased, and confidential help with Medicare to people of all ages and backgrounds. SHIBA's volunteers are located around the state and can help with Medicare questions and options.



State Pharmaceutical Assistance Programs (SPAPs)

[Washington State Early Intervention Program⁶](#)

Phone: 1-877-376-9316



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Washington State Office of the Insurance Commissioner, About SHIBA Services. Accessed May 1, 2024. <https://www.insurance.wa.gov/about-shiba-services> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



WEST VIRGINIA



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- West Virginia does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

- 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.



Biosimilar Substitution

- 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.²



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](#).^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Programs \(SHIPs\)](#)

Phone: 1-304-558-3317

ABOUT⁵:

- SHIP provides reliable and up-to-date information to Medicare beneficiaries and their families. SHIP counselors provide information and answer questions about Medicare, Medicare Advantage plans, Medigap plans, and long-term care insurance plans. SHIP counselors also help beneficiaries and their families understand the Medicare prescription drug coverage (Medicare Part D) and options available in West Virginia.



State Pharmaceutical Assistance Programs (SPAPs)

[West Virginia AIDS Drug Assistance Program⁶](#)

Phone: 1-304-232-6822



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. West Virginia SHIP, SHIP Services. Accessed May 1, 2024. <http://www.wvship.org/SHIPSMPServices/tabid/133/Default.aspx> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



WISCONSIN



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: [Aetna Medicare SilverScript Choice](#), [Cigna Secure Rx](#), [Humana Basic Rx Plan](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



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 non-medical switching limitations that apply specifically 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.



Biosimilar Substitution

- 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



Medicaid Expansion

- As of May 2024, Wisconsin has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[State Health Insurance Assistance Program \(SHIP\)](#)

Phone: 1-800-242-1060

ABOUT⁵:

- Wisconsin SHIP is a primary resource for information about state and local healthcare coverage options. Counselors provide information in-person and remotely about local programs that coordinate with Medicare, like Medicaid and Medicare Supplemental Insurance.



State Pharmaceutical Assistance Programs (SPAPs)

[The Wisconsin AIDS/HIV Drug Assistance Program \(ADAP\) and Insurance Assistance Program \(IAP\)⁶](#)

Phone: 1-608-261-6952

[Wisconsin SeniorCare⁷](#)

Phone: 1-608-266-1865



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Wisconsin’s State Health Insurance Assistance Program. Accessed May 1, 2024. <https://www.dhs.wisconsin.gov/publications/p0/p00166.pdf> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory> 7. Wisconsin Department of Health Services, SeniorCare: Prescription Drug Assistance Program. Accessed May 1, 2024. <https://www.dhs.wisconsin.gov/seniorcare/index.htm>



WYOMING



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: [Aetna Medicare SilverScript Choice](#), [Mutual of Omaha Rx Plus](#), [UnitedHealthcare AARP® MedicareRx Basic from UHC](#), and [Wellcare Classic](#).¹



Treatment Access: Get On It and Stay On It

CONTINUITY OF CARE/NON-MEDICAL SWITCHING²:

- Wyoming does not appear to have any continuity of care provisions or non-medical switching limitations that apply specifically to prescription drug coverage.

STEP THERAPY²:

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



Biosimilar Substitution

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



Medicaid Expansion

- As of May 2024, Wyoming has not expanded Medicaid.^{3,4}



State Health Insurance Assistance Programs (SHIPs)

PROGRAM NAME⁵:

[Wyoming State Health Insurance Information Program \(WSHIIP\)](#)
Phone: 1-800-856-4398

ABOUT⁵:

- 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 confidentially and free of cost. Trained counselors promote consumer understanding of Medicare, Medicaid, Medicare Supplemental Insurance, and long-term care insurance.



State Pharmaceutical Assistance Programs (SPAPs)

[Wyoming Department of Health’s Communicable Disease Treatment Program⁶](#)
Phone: 1-307-777-6563



Click the book icons for additional info

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: 1. 2024 Medicare Part D Stand-Alone Prescription Drug Plans. Accessed March 19, 2024. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KFF Status of State Action on the Medicaid Expansion Decision. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc. 5. Wyoming Senior Citizens, Inc. Accessed May 1, 2024. <http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program> 6. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 1, 2024. <http://adap.directory/directory>



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 co-insurance and co-payments, and have no gap in coverage.

ENROLLMENT

Patients may get enrolled in LIS in 2 ways:

- 1) Automatic eligibility, or 2) Application.
- Patients who are automatically eligible will receive a notice in the mail from CMS.
- For more information, please visit: <https://www.medicare.gov/basics/costs/help/drug-costs>.

ELIGIBILITY

Automatic Eligibility

- Patients who qualify for Medicare and full Medicaid benefits, and currently get their coverage through Original Medicare, may be automatically eligible for Extra Help.

Application

- A patient may also qualify if they have an annual income below 150% of the Federal Poverty Level (FPL) and their resources do not exceed certain limits.¹
- Prior to January 1, 2024, a patient could qualify for "Full Extra Help" if their annual income was below 135% of the FPL, and "Partial Extra Help" if their annual income was below 150% of the FPL. Effective January 1, 2024,

ELIGIBILITY (CONTINUED)

Full Extra Help is expanded to include all those Medicare beneficiaries who were previously only eligible for Partial Extra Help.²

WHAT YOU'LL PAY UNDER EXTRA HELP IN 2024

Plan premium: \$0

Plan deductible: \$0

Prescriptions:

- Up to \$4.50 for each generic drug
- Up to \$11.20 for each brand-name drug

Once your total drug costs (what both you and your plan pay) reach \$8,000, you'll pay \$0 for each covered drug.³

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 their medications, they 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).
- Even if you don't qualify for Extra Help now, you can reapply for Extra Help any time if your income and resources change.

LIS PLANS PER STATE

LIS plans are active in all US states. To see plans that are active in your state, select the gray US map icon on the top of this page, and then select your state within the map page.*

* This resource only includes basic LIS plans that have a \$0 premium. Please visit <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> and download "2024 PDP Landscape Source Files" to see all plans available in your state.

References: 1. CMS, Letter to All Part D Plan Sponsors re CY 2024 Resource and Cost-Sharing Limits for LIS (Nov. 30, 2023), Accessed March 20, 2024. <https://www.cms.gov/files/document/lis-memo.pdf>
2. Inflation Reduction Act, Pub. Law No. 117-169, Section 11404 (2022). 3. CMS Medicare, Help with Drug Costs, Accessed March 20, 2024. <https://www.medicare.gov/basics/costs/help/drug-costs>



TREATMENT ACCESS: CONTINUITY OF CARE/ NON-MEDICAL SWITCHING & STEP THERAPY



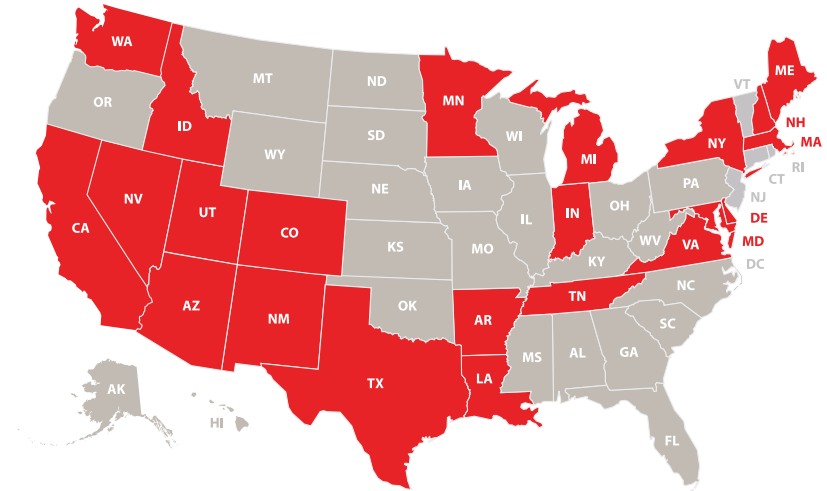
State-specific legislation may help patients to receive uninterrupted medical services in some situations.

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 (ie, 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

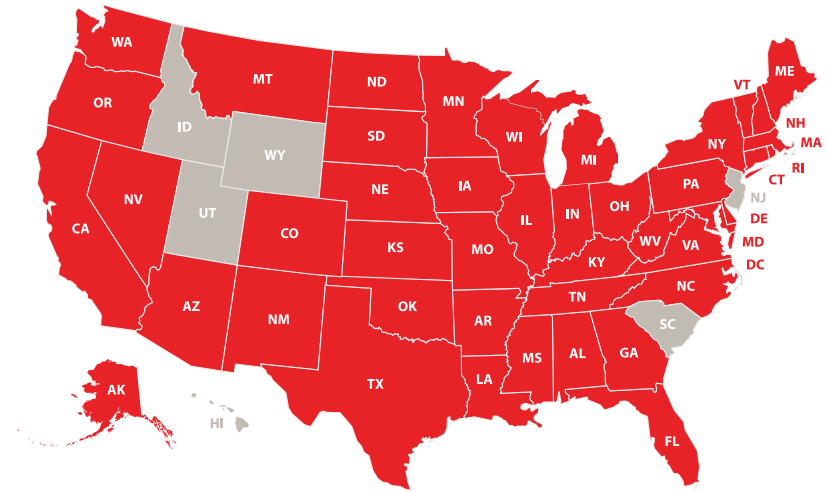
STATES WITH CONTINUITY OF CARE/NON-MEDICAL SWITCHING PROTECTIONS

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



STATES WITH STEP THERAPY PROTECTIONS

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



Reference: 1. Data on file. Johnson & Johnson Health Care Systems Inc.



Learn more about how states regulate substitution of biologics.

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,¹ manufacturers may obtain US 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.
- Most states have adopted laws to address the medical and chemical characteristics of biologics and biosimilars.
- As of May 2024, all states have adopted rules regarding substitution of reference biologics with biosimilars.¹
- As of May 2024, FDA has approved 50 biosimilars, 10 of which have been deemed interchangeable.²

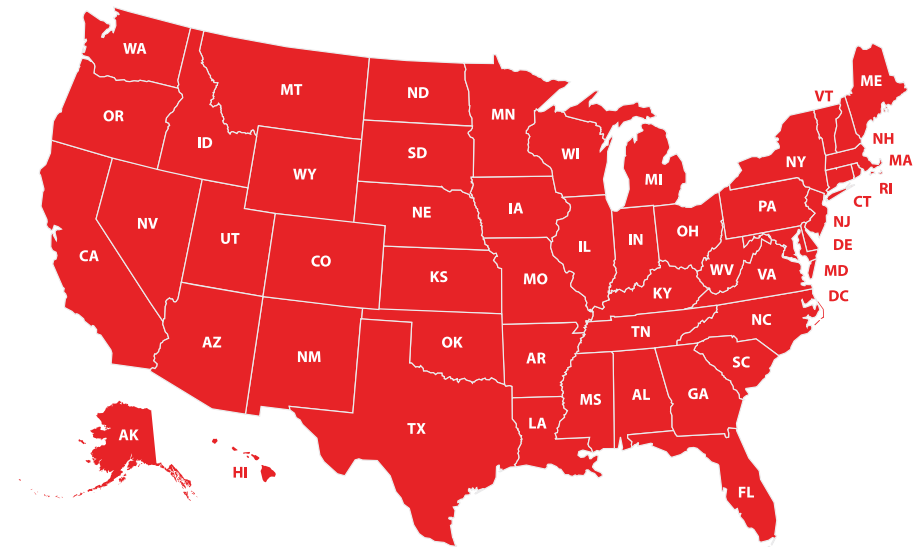
COMMON FEATURES OF STATE LAWS¹

- 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

All states colored in red have enacted legislation for biologics and biosimilar substitution.^{1,3}



References: 1. Prescription Drug State Database. Accessed May 1, 2024. <https://www.ncsl.org/research/health/prescription-drug-statenet-database.aspx> (last updated April 15, 2024) 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. FDA, Biosimilar Product Information, Accessed May 1, 2024. <https://www.fda.gov/drugs/biosimilars/biosimilar-product-information>



MEDICAID EXPANSION



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

KEY FACTS

- The Affordable Care Act (ACA) 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.¹
- 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.¹

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 2024, the FPL is \$15,060 a year as a single person and \$31,200 for a family of 4. Alaska and Hawaii use a different income limit.)² [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.¹

SUPPORT IN STATES THAT HAVEN'T EXPANDED

- Patients who earn more than 100% of the FPL are 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 who earn less than 100% of the FPL do not 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.¹

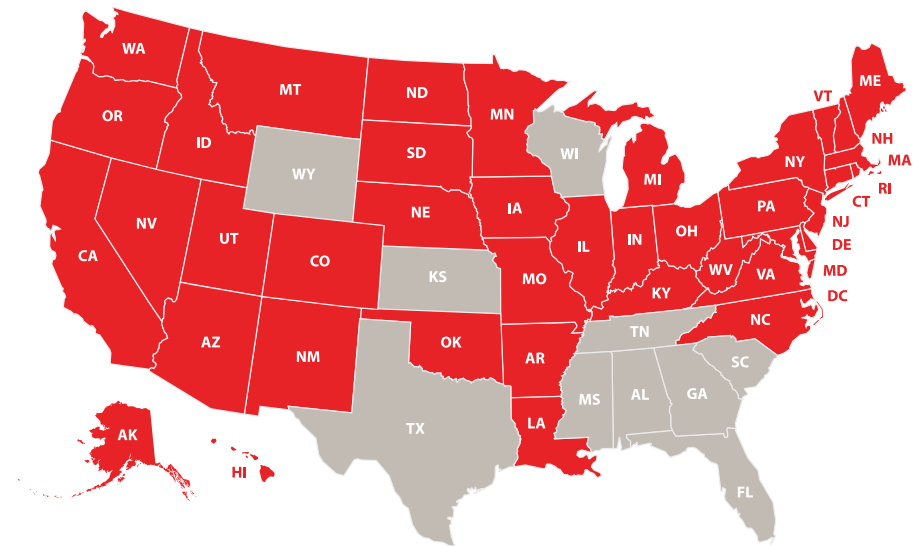
HOW TO APPLY IF YOUR STATE HASN'T EXPANDED

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, use the “select your state” dropdown 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.”¹

STATES WITH EXPANDED MEDICAID

The states colored in red have implemented Medicaid expansion.³



References: 1. Medicaid Expansion & What It Means for You. Accessed May 9, 2024. <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/> 2. Annual Update of the HHS Poverty Guidelines, 89 Fed. Reg. 2,961 (Jan. 17, 2024). 3. Status of State Medicaid Expansion Decisions: Interactive Map. Accessed May 9, 2024. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicicaid-expansion-decisions-interactive-map/> 4. Data on file. Johnson & Johnson Health Care Systems Inc.



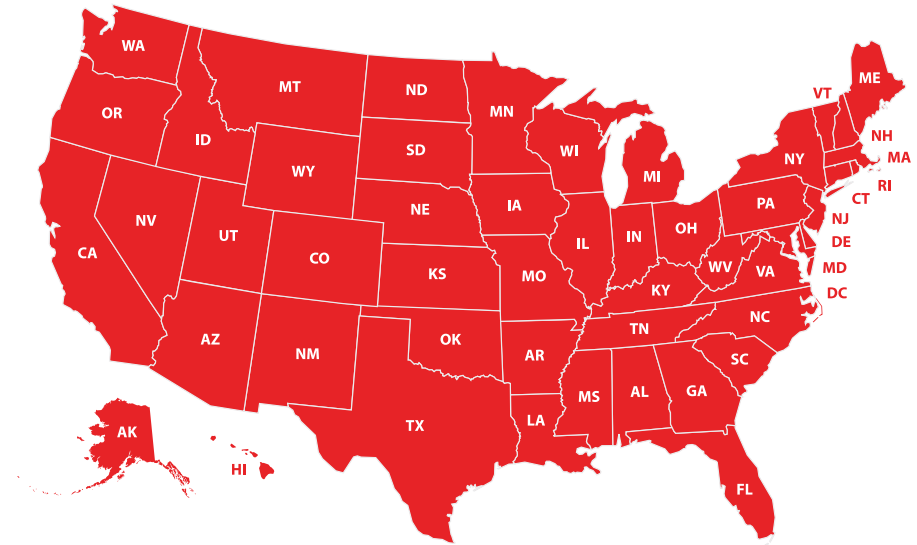
**Free information. Free counseling.
Learn about an outstanding resource
for providers and patients with
Medicare or Medicare-related health
insurance questions.**

KEY FACTS

- 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 US Department of Health & Human Services (HHS), and the US 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 US Virgin Islands.¹ To access SHIP descriptions and contact information, visit <https://www.shiphelp.org/>.



Reference: 1. SHIP, State Health Insurance Assistance Program, Accessed May 9, 2024. <https://www.shiphelp.org/>



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.¹
- 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

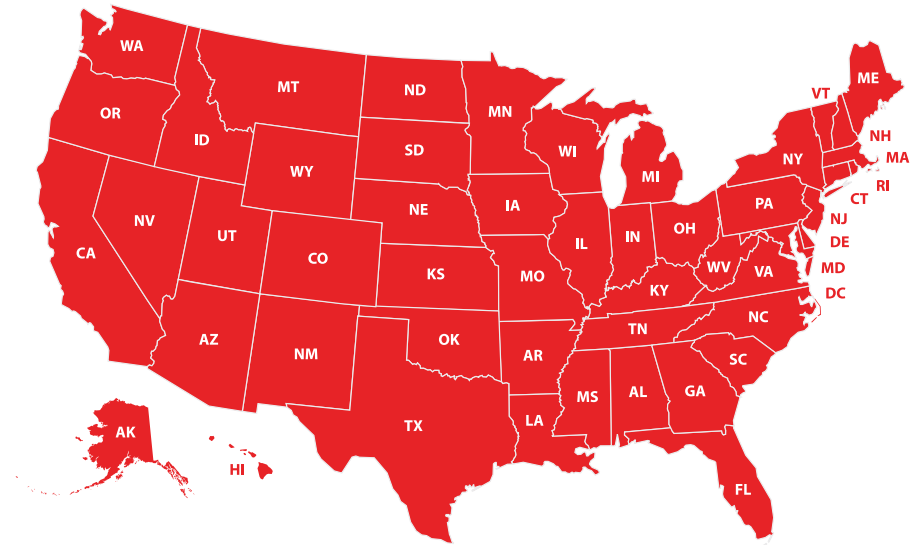
- Some states offer programs that can help people with certain illnesses pay for their prescription drugs. HIV/AIDS Drug Assistance Programs (ADAPs) and programs for people suffering from end-stage renal disease (ESRD) are programs in this category.¹
- States that offer SPAPs often coordinate their SPAPs 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.^{1,3-5}



References: 1. CMS, Medicare, State Pharmaceutical Assistance Programs. Accessed May 9, 2024. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx> 2. Nat'l Conf. of State Legislatures, State Pharmaceutical Assistance Programs. Accessed May 9, 2024. <http://www.ncsl.org/research/health/state-pharmaceutical-assistance-programs.aspx> 3. ADAP Advocacy Associationn (AAA) AIDS Drug Assistance Programs (ADAP) Directory. Accessed May 9, 2024. <http://adap.directory/directory> 4. Your Guide to Medicare Prescription Drug Coverage. Accessed May 9, 2024. <https://www.medicare.gov/media/10416>, p. 65. 5. Data on file. Johnson & Johnson Health Care Systems Inc.



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

KEY FACTS

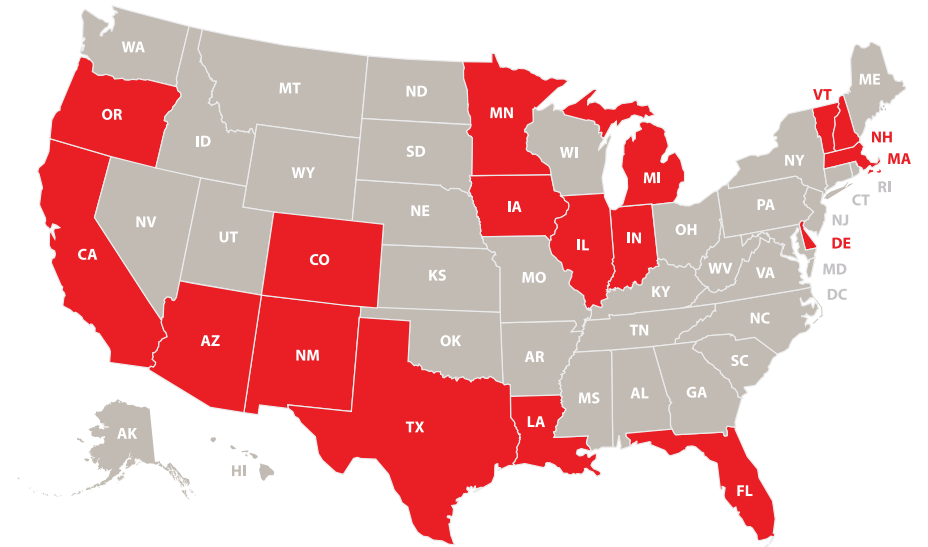
- A standardized, or “uniform,” PA form may be required in certain states to submit PA requests to a health plan for review, along with the necessary clinical documentation. These standard forms can be used across payers and health benefit managers (this includes health insurers, prepaid managed care 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 red are the only states that have a standard PA form.¹



Reference: 1. Data on file. Johnson & Johnson Health Care Systems Inc.



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

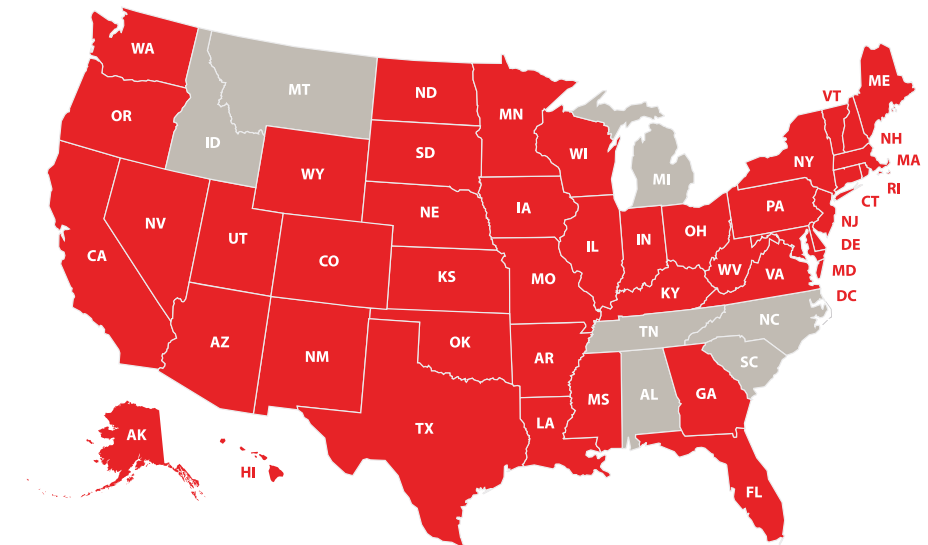
- Oral parity laws require payers to equalize patient cost-sharing between oral chemotherapy and intravenous (IV) chemotherapy under a given health plan.¹
- Patients are often required to pay more under their insurance plans for oral chemotherapy than for physician-administered treatment.
- Health plans 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 red have passed oral parity laws.⁵



References: 1. Milliman Client Report, Parity for Oral and Intravenous/Injected Cancer Drugs. Jan. 25, 2010. Accessed April 3, 2024. <https://www.kff.org/wp-content/uploads/sites/2/2012/05/parity-oral-intravenous-injected.pdf>, p. 4. 2. OLR, Anti-Cancer Medication Parity Laws in Select States, CT General Assembly. Sept. 12, 2012. Accessed April 3, 2024. <http://www.cga.ct.gov/2012/rpt/2012-R-0419.htm> 3. Kaiser Health News, Some States Mandate Better Coverage of Oral Cancer Drugs. May 14, 2012. Accessed April 3, 2024. <http://www.kaiserhealthnews.org/features/insuring-your-health/2012/cancer-drugs-by-pill-instead-of-iv-michelle-andrews-051512.aspx> 4. 2016 Milliman Medical Index. May 2016. Accessed April 3, 2024. <https://www.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/Periodicals/mmi/2016-milliman-medical-index.ashx>, p. 9, footnote 16. 5. Data on file. Johnson & Johnson Health Care Systems Inc.



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, due, in part, to advances in pharmaceutical treatments. Although prescription drug expense represents only a small portion of total US 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

For additional information regarding the **Veteran Community Care Program**, visit the sites below.

- For general information regarding the Veteran Community Care Program, including eligibility requirements:
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>
- 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>

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.

8427 Southpark Circle, Suite 100
Orlando, FL 32819
Phone: 1-855-845-3663
Fax: 1-855-430-0590
Website: www.tafcares.org

FOUNDATIONS & FUNDS (continued)

CancerCare 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.

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

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

HealthWell Foundation is a co-payment assistance foundation that provides financial assistance to eligible individuals to cover co-insurance, co-payments, and deductibles for certain medications and therapies. Patients must be insured to participate.

P.O. Box 489
Buckeystown, MD 21717
Phone: 1-800-675-8416
Fax: 1-800-282-7692
E-mail: grants@healthwellfoundation.org
Website: www.healthwellfoundation.org

See more on next page »

Reference: 1. Prescription drugs represented 9.7% of total healthcare spending in 2019. Centers for Disease Control, National Center for Health Statistics, Health Expenditures (2023). Accessed April 30, 2024. Available at: <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>



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.

3 International Drive
Suite 200
Rye Brook, NY 10573
Phone: 1-800-955-4572
Website: www.lls.org

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.

55 Kenosia Avenue
Danbury, CT 06810
Phone: 1-800-999-6673
Fax: 1-203-263-9938
Website: www.rarediseases.org

FOUNDATIONS & FUNDS (continued)

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.

805 15th Street, NW
Suite 500
Washington, DC 20005
Phone: 1-866-316-PANF
(1-866-316-7263)
E-mail: info@panfoundation.org
Website: www.panfoundation.org

Patient Advocate Foundation (PAF)

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

421 Butler Farm Road
Hampton, VA 23666
Phone: 1-757-952-0118
Toll free: 1-866-512-3861
Fax: 1-757-952-0119
E-mail: cpr@patientadvocate.org
Website: www.copays.org

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.

P.O. Box 5930
Midlothian, VA 23112
Phone: 1-800-366-7741
Fax: 1-804-744-9388
Website: www.patientservicesinc.org

For a complete list of not-for-profit local, national, and state resources, please visit <https://www.advocacyconnector.com/>.



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.advocacyconnector.com/>

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.

Select a cancer type *

ZIP Code *

Select all the resources you are interested in: *

<input type="checkbox"/> Advocacy Help Lines	<input type="checkbox"/> Alternative & Complementary Therapies
<input type="checkbox"/> Cancer Research	<input type="checkbox"/> Caregiver Support
<input type="checkbox"/> Clinical Trials Information	<input type="checkbox"/> Counseling
<input type="checkbox"/> End of Life Care	<input type="checkbox"/> Fertility
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Legal & Insurance Assistance
<input type="checkbox"/> Materials in Other Languages (Spanish)	<input type="checkbox"/> Men’s Health Issues
<input type="checkbox"/> Pain Management & Palliative Care	<input type="checkbox"/> Patient Education
<input type="checkbox"/> Patient Support	<input type="checkbox"/> Pediatric Patient Support
<input type="checkbox"/> Screening & Early Detection	<input type="checkbox"/> Spiritual Support
<input type="checkbox"/> Survivorship	<input type="checkbox"/> Travel Services
<input type="checkbox"/> Veterans Services	<input type="checkbox"/> Wellness Activities, Nutrition & Exercise
<input type="checkbox"/> Women’s Health Issues	<input type="checkbox"/> Young Adult Cancer Support

*Required.

Distance from you

Within 25 Miles ▼

Show resources

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:

- **US SENATORS:**
https://www.senate.gov/general/contact_information/senators_cfm.cfm
- **US REPRESENTATIVES:**
<http://www.house.gov/representatives/>
- **STATE LEGISLATURE WEBSITES:**
<https://www.congress.gov/state-legislature-websites>