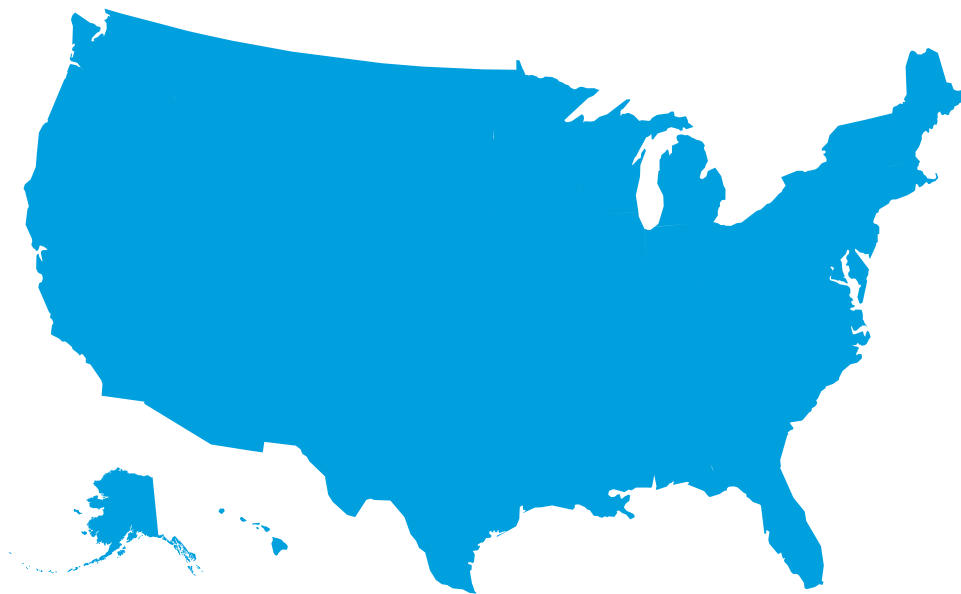


# Know Your State

## INTERACTIVE TOOL

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



**CLICK THE MAP BUTTON TO VIEW  
STATE-SPECIFIC AFFORDABILITY OPTIONS**



**CLICK NEXT  
TO CONTINUE**



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

- Advocacy Connector
- Biosimilar Legislation
- Continuity of Care
- Low-Income Subsidy (LIS) Eligibility Information\*
- Medicaid Expansion
- National Foundations & Other Non-profit Resources
- Oral Parity Laws
- Standard Prior Authorization (PA) Forms
- State Health Insurance Assistance Programs (SHIPs)
- State Legislature Resources
- State Pharmaceutical Assistance Programs (SPAPs)

# Know Your State

## INTERACTIVE TOOL

CLICK NEXT  
TO CONTINUE



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.

# Know Your State

## NAVIGATION TIPS



Select the **HOME** button to go to the beginning of this document.



Select the **MAP** button to access the Affordability Options map page.



Select the **BACK** button to return to the page you viewed last.



Select the **PREVIOUS** button to go to the previous page.



Select the **NEXT** button to go to the next page.

### PLEASE NOTE

For the best possible navigation experience, this PDF should be opened using **Adobe Acrobat Reader**, which can be downloaded [here](#).

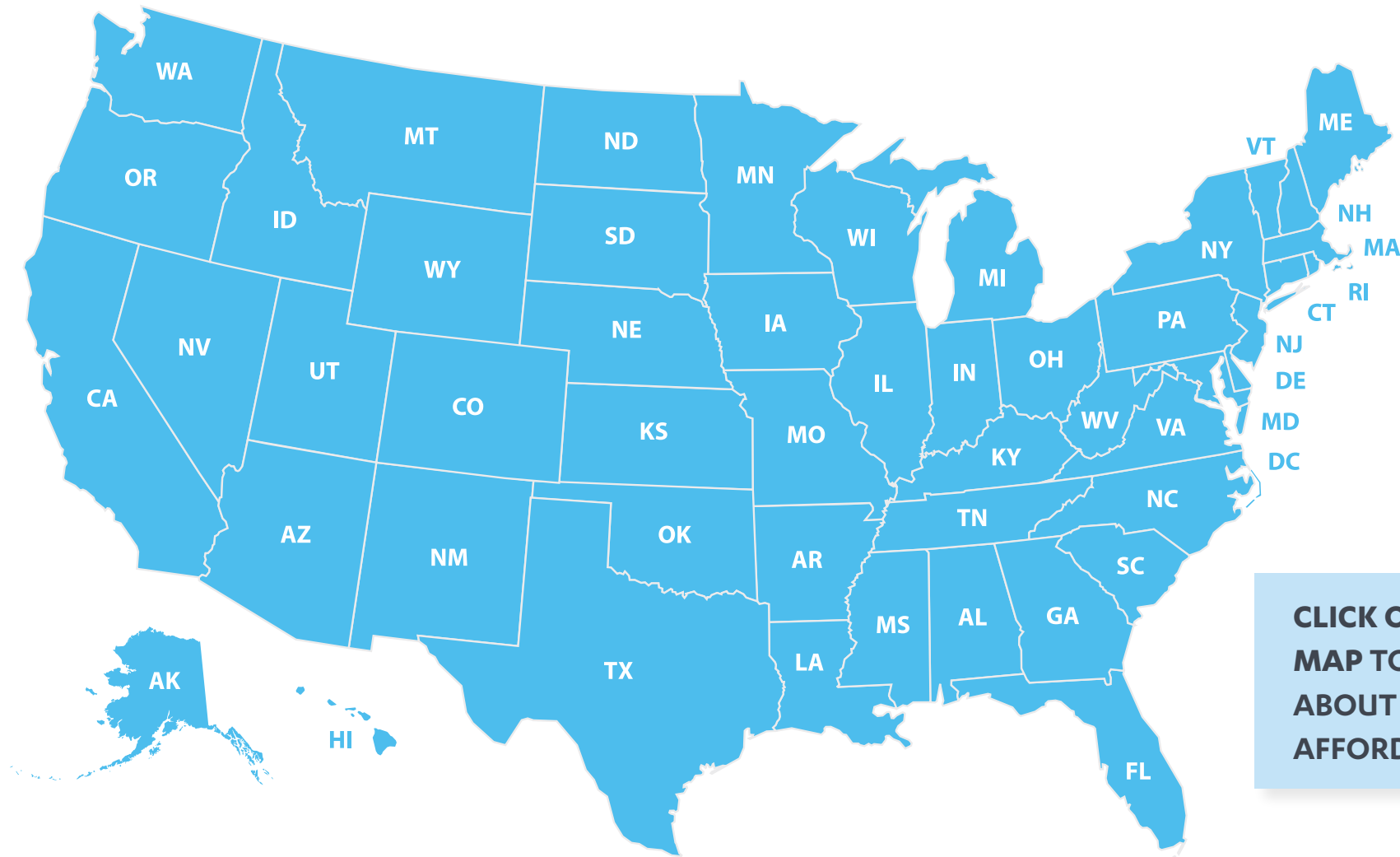
To “zoom in” or “zoom out” on any page in this document, hold down the command key (Mac) or control key (Windows) and then also hold down the + or - key.

To make full screen, select the command key or control key with the number zero key also selected.

Please note, these zoom shortcuts are only applicable when viewing this document on desktop or laptop computers.

# Affordability Options

## INTERACTIVE MAP



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

\* As of December 31, 2020

For general medication access and affordability options resources, please visit the [National Foundations](#) or the [Advocacy Connector](#) pages within this document.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Alabama include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Alabama.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Alabama does not appear to have any laws or regulations specifically applicable to continuity of care/non-medical switching of prescription drugs.

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, Alabama has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Alabama has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective September 1, 2019, with the express permission of the prescribing practitioner, pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA), is less expensive than the reference biologic, and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>2,5</sup>:

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

Phone: 1-800-243-5463

### ABOUT<sup>2,5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Alabama AIDS Drug Assistance Program<sup>5</sup>](#)

Phone: 1-866-574-9964

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Alaska include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Alaska.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Alaska enacted legislation, effective January 1, 2016, that directs health benefit plans that provide coverage for cancer chemotherapy treatment to extend coverage for orally administered anti-cancer medication at a cost equal to the cost of intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective January 1, 2019, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist must notify the prescribing practitioner and the patient about the substitution and obtain patient consent. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-478-6065

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Alaskan Aids Assistance Association \(ADAP\)](#)<sup>5</sup>

Phone: 1-800-478-AIDS

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Arizona include: [AARP® MedicareRx Saver Plus](#), [Blue MedicareRx Value](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Arizona.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Arizona does not appear to have any laws or regulations specifically applicable to step therapy/fail-first requirements, but does require 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.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2016, Arizona adopted an oral parity law to direct payers that provide coverage for cancer chemotherapy treatment to (1) extend coverage for orally administered anti-cancer medication at a cost equal to the cost of intravenously administered or injected anti-cancer medications, and (2) to maintain established cost-sharing rates and benefit classification for intravenous and/or injectable treatments (i.e., rates cannot be increased in order to comply with this legislation).<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Because Arizona has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Arizona has obtained federal approval to require that non-exempt individuals work a certain number of hours per month to be eligible for Medicaid benefits. As of January 2020, this work requirement has not yet been implemented. For more details on Medicaid expansion in Arizona, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Arizona, biosimilar substitution laws that went into effect on December 31, 2016, allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-432-4040

### ABOUT<sup>5</sup>:

- The Arizona SHIP is a free health benefits counseling service for Medicare beneficiaries.
- SHIP in Arizona can be contacted 24 hours a day. If a message is left, a SHIP volunteer will return the call.
- To locate local SHIP offices, [click here](#).

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Arizona AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-800-334-1540 or 1-602-364-3610

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Arkansas.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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 THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Effective January 1, 2018, payers that provide coverage for orally administered cancer chemotherapy treatments must cover them at parity with chemotherapy treatments administered intravenously or by injection.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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. For more details on Medicaid expansion in Arkansas, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective July 24, 2019, pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA), would save costs for the patient, and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-282-9134 or 1-501-371-2600

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Arkansas AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-501-661-2408

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in California to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- California law protects against non-medical switching limitations by prohibiting health plans from “limiting or excluding” coverage for a previously prescribed drug as long as the provider continues to prescribe it, and the drug is considered “safe and effective” for the enrollee’s medical condition. However, this provision does not preclude a plan from “charging the enrollee a co-payment or deductible,” and it remains unclear whether this means that the plan would be obligated to continue covering the excluded drug at the same patient cost sharing level. The prohibitions on formularies from discouraging the enrollment of individuals with health conditions is in place until January 1, 2024. Additionally, California law prohibits a drug formulary maintained by a healthcare service plan or a health insurer from containing more than four tiers and requires that an enrollee or insured not pay more than the retail price for a prescription drug if the pharmacy’s retail price is less than the applicable co-payment or coinsurance amount until January 1, 2024.

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Effective January 1, 2019, legislation raised the limit on co-payments and coinsurance payments that an enrollee may be charged for a 30-day supply of an oral anticancer medication to \$250. The law will expire in 2024.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In California, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-510-2020

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[California AIDS Drug Assistance Program \(ADAP\)<sup>5</sup>](#)

Phone: 1-844-421-7050

## ADDITIONAL PROGRAMS/RESOURCES

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- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Colorado include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Colorado to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>4</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Colorado’s oral parity law applies to health policies issued or renewed on or after January 1, 2011, and requires payers that provide coverage for cancer treatment to extend coverage for orally administered anti-cancer medication at a cost no less favorable to intravenously administered or injected cancer medications. Additionally, plans may not increase the out-of-pocket cost of IV or injected cancer treatments to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Colorado, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-888-696-7213

En Español, sin cargo: 1-866-665-9668

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[CDPHE State Drug Assistance Program \(SDAP\)<sup>5</sup>](#)

Phone: 1-303-692-2716

[Colorado Bridging the Gap<sup>6</sup>](#)

Phone: 1-303-692-2783 or 1-303-692-2716

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Connecticut include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Connecticut.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2011, an oral parity law was enacted to direct payers to provide coverage for orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered anti-cancer medications. This legislation also mandates payers to not increase cost-sharing for IV treatments or reclassify benefits.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective October 1, 2019, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist is required to notify the prescribing practitioner and the patient about the substitution. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[The CHOICES Program](#)

Phone: 1-800-537-2549

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Connecticut AIDS Drug Assistance Program \(CADAP\)<sup>5</sup>](#)

Phone: 1-800-424-3310

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Delaware include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of January 1, 2018, insurers must accept and respond to preauthorization requests under the pharmacy benefit through a secure electronic transmission using the National Council for Prescription Drug Program’s (NCPDP) SCRIPT standard ePA transactions.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Under Delaware law, when coverage of a prescription drug for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review entity through the use of a step therapy protocol, the patient and prescribing practitioners must have access to a clear, readily accessible and convenient process to request a step therapy exception determination. The law also provides that under certain circumstances, the step therapy exception determination must be expeditiously granted. An insurer, health service corporation, health plan, or utilization review entity must grant or deny a step therapy exception request within two business days of receipt. Currently, state law requires individual, group, and blanket health insurance policies to cover any medically appropriate drug approved by the FDA for the treatment of stage four metastatic cancer without requiring a patient to first prove that the patient failed to respond to a different drug or drugs. Some protection appears to be provided under the requirement that health plans provide coverage for any drug prescribed to treat patients with “chronic, disabling, or life-threatening illness.” It is unclear how health insurance carriers in the state have implemented this provision. Delaware law also provides for an exceptions process for drugs placed on a plan’s “specialty tier” that protects access to drugs that treat rheumatoid arthritis, among other conditions. Additionally, individual, group, and blanket insurance plans must provide an explanation of pre-authorization policies and utilization review entities must complete their process or render an adverse determination and notify the covered person’s health care provider within 2 business days of obtaining a pre-authorization.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2013, an oral parity law was enacted to direct payers to provide coverage for anti-cancer medications to extend coverage of oral anti-cancer treatments at a cost no less favorable than the cost of intravenous or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Delaware, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-336-9500 or 1-302-674-7364

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Delaware AIDS Drug Assistance Program \(ADAP\)](#)<sup>3</sup>

Phone: 1-302-744-1050

[Delaware Prescription Assistance Program \(DPAP\)](#)<sup>6</sup>

Phone: 1-800-996-9969, ext. 2

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. 6. State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- 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: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the District of Columbia.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2012, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage for prescribed, orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- As of December 2020, the District of Columbia has not enacted biosimilar substitution legislation.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Health Insurance Counseling Project \(HICP\)](#)

Phone: 1-202-727-8370

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[DC AIDS Drug Assistance Program \(ADAP\)<sup>5</sup>](#)

Phone: 1-202-671-4900

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Florida include: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Express Scripts Medicare - Value](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Florida to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- Florida does not appear to have any legislation addressing prescription drug continuity of care/non-medical switching.

### STEP THERAPY<sup>4</sup>:

- Florida law prohibits a health insurer or HMO issuing 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 provide 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. Florida's Medicaid program uses a step therapy protocol, with some exceptions if a physician provides medical or clinical documentation that the product is medically necessary.

## ORAL PARITY LAW

LEARN MORE

- Florida's oral parity law applies to health policies issued or renewed on or after July 1, 2014. This law requires payers that provide coverage for cancer treatment medications to cover orally administered cancer treatment at the same rate as IV or injected cancer treatment. If the IV or injected cancer treatment has a cost of less than \$50 per month, then the oral cancer treatment can have an out-of-pocket cost of up to \$50 per month. Additionally, plans may not increase the out-of-pocket cost of IV or injected cancer treatments to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Florida has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Florida, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-963-5337

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### Florida AIDS Drug Assistance Program (ADAP)<sup>5</sup>

Phone: 1-850-245-4422

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Georgia include: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Humana Basic Rx Plan](#), [Indy Health Saver Rx](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Georgia.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Georgia’s oral parity law applies to health policies issued or renewed on or after January 1, 2015, and requires payers that provide coverage for cancer treatment to extend coverage for orally administered anti-cancer medication at a cost no less favorable to intravenously administered or injected cancer medications. This legislation also mandates payers to not increase cost-sharing for IV treatments or reclassify benefits. Payers are in compliance with the law if they charge no more than \$200 per prescription for the orally administered anti-cancer treatment.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Georgia has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Georgia, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[GeorgiaCares](#)

Phone: 1-866-552-4464

### ABOUT<sup>5</sup>:

- GeorgiaCares is a private-public partnership administered by the Georgia Department of Human Services (DHS) Division of Aging Services (DAS).
- A volunteer-based program that provides free, unbiased and factual information, and assistance to Medicare beneficiaries and their caregivers.
- Local GeorgiaCares offices can be contacted at 1-800-669-8387.

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### [Georgia AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-404-463-0416

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Hawaii include: [AARP® MedicareRx Saver Plus](#), [Clear Spring Health Value Rx](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Hawaii.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2010, Hawaii’s oral parity law was enacted to direct payers that provide coverage for the treatment of cancer to provide coverage for orally administered chemotherapy at a cost no less favorable to intravenously administered or injected chemotherapy.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Hawaii, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products. Pharmacists must inform consumers of interchangeable biological products from the Hawaii list when filling a prescription order and communicate the product name and manufacturer to the practitioner after dispensing the product. Less expensive interchangeable biological products must be offered to the consumer.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-808-586-7299 or 1-888-875-9229

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Hawaii AIDS Drug Assistance Program \(HDAP\)<sup>5</sup>](#)

Phone: 1-808-733-9360

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Idaho include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Idaho.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, Idaho has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Idaho, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-247-4422

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Idaho Ryan White Part B AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-208-334-5612

## ADDITIONAL PROGRAMS/RESOURCES

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- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Illinois include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [Indy Health Saver Rx](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of July 1, 2020, all commercial insurers must use a standard PA form developed by the state. As of July 1, 2021, every prescribing provider must use the standard PA form.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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, the healthcare plan shall not modify an enrollee’s coverage of a drug during the plan year if certain conditions are met.

Under Illinois law a health plan is prohibited from removing a drug from its formulary or negatively changing its preferred or cost-tier sharing unless the health care plan provides specified notifications to enrollees at least 60 days before making the formulary change.

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2012, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatment to (1) extend coverage to orally administered anti-cancer medication at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications, and (2) maintain established cost-sharing rates and benefit classification for intravenous and/or injectable treatments (i.e., rates cannot be increased in order to comply with this legislation).<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Illinois, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-252-8966

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[The Illinois Ryan White Part B AIDS Drug Assistance Program \(ADAP-Medication Assistance\)](#)<sup>5</sup>

Phone: 1-217-782-4977

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Indiana include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of January 1, 2018, insurers must accept and respond to preauthorization requests under the pharmacy benefit through a secure electronic transmission using the National Council for Prescription Drug Program's (NCPDP) SCRIPT standard ePA transactions.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Effective July 1, 2009, Indiana law requires that coverage for orally administered cancer chemotherapy must not be subject to limits less favorable than for chemotherapy administered intravenously or by injection. Coverage for oral chemotherapy must not be subject to dollar limits, co-payments, deductibles, or coinsurance provisions that are less favorable to enrollees than the provisions that apply for intravenous or injected chemotherapy treatments.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Because Indiana has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Indiana has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective 2019. For more details on Medicaid expansion in Indiana, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Indiana, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-452-4800

TDD: 1-866-846-0139

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Indiana AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-866-588-4948

[HoosierRx](#)<sup>6</sup>

Phone: 1-866-267-4679 or 1-317-234-1381

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Iowa include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Iowa to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Iowa does not appear to have any continuity of care protections that apply to prescription drugs.

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Effective July 1, 2009, Iowa requires that an insurer providing for third-party payment or prepayment of cancer treatment may not discriminate between coverage benefits for orally administered anti-cancer medication and intravenously administered or injected medications that are covered, regardless of formulation or benefit category. This requirement does not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, long-term care, basic hospital, or medical-surgical coverage.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Iowa, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-351-4664, TTY 1-800-735-2942

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Iowa AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-515-725-2011

## ADDITIONAL PROGRAMS/RESOURCES

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- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Kansas include: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Express Scripts Medicare – Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Kansas.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>4</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- On April 1, 2010, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage for prescribed, orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Kansas has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Kansas, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products. The law also requires pharmacists to notify the patient and prescriber of the substitution of a biological product within 5 days of the exchange and establishes recording requirements. A pharmacist may not substitute a biosimilar product for a biologic if the provider notes “dispense as written” on the prescription.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-860-5260

### ABOUT<sup>5</sup>:

- 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)

LEARN MORE

[Kansas AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-785-296-6174

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Kentucky include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Kentucky.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Kentucky does not appear to have any continuity of care provisions that would apply to prescription drug coverage, but does require that managed care plans provide continuity of care for providers in specified situations.

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Kentucky passed oral parity legislation for health policies issued or renewed on or after January 1, 2015. This law directs payers that provide coverage for cancer treatment to extend coverage for prescribed, orally administered anti-cancer medications at a cost to patients no less favorable than that of those receiving intravenously administered or injected anti-cancer therapies.<sup>3</sup>
- Additionally, if the total amount paid for oral anti-cancer medications is limited to \$100 per prescription, they are also in compliance with the law. Plans may not increase the out-of-pocket cost to patients or reclassify benefits to achieve compliance. Finally, if a consumer purchases a high deductible health plan, the deductible must be met before the cap applies.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Kentucky, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>2,5</sup>:

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

Phone: 1-877-293-7447

### ABOUT<sup>2,5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Kentucky AIDS Drug Assistance Program \(KADAP\)<sup>5</sup>](#)

Phone: 1-866-510-0005

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Louisiana include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Louisiana to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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 renewal date.” Additionally, state law requires plans to give 60-days’ notice to enrollees affected by a coverage change for drugs or “intravenous infusions” to allow the enrollee to file an appeal to continue on previously prescribed therapy.

### STEP THERAPY<sup>2</sup>:

- 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-four 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. Effective July 2020, Louisiana also places restrictions on the ability of pharmacy benefit managers to require beneficiaries to follow a step therapy protocol.

## ORAL PARITY LAW

LEARN MORE

- Effective January 1, 2013, Louisiana implemented a law that directs health insurers who provide coverage for cancer treatment to extend coverage for prescribed orally administered anti-cancer medications at a cost to patients that is no less favorable than that of those receiving intravenously administered or injected anti-cancer therapies.
- Additionally, if a health plan limits the total amount paid for oral anti-cancer medications to \$100 per prescription, the plan is also in compliance with the law. However, high deductible health plans and plans purchased through the Exchange are excluded. Plans may not increase cost-sharing for IV medications or reclassify benefits to reach compliance, nor can plans apply prior authorization measures that don’t also apply to IV medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Louisiana, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-259-5300 or 1-225-342-5301

### ABOUT<sup>5</sup>:

- The program exists to protect Louisiana seniors from advertisements and insurance policies that may be misleading, and to assist them with complications.
- Volunteer counselors provide free counseling on topics regarding health insurance, including supplemental and long-term care insurance policy comparisons, assistance with claims, Medicare-contracted health maintenance organizations, Medicare-supplemental (Medigap) insurance, and the Medicare appeals process.

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Louisiana Health Access Program \(LA HAP\)](#)<sup>5</sup>

Phone: 1-504-568-7474

## ADDITIONAL PROGRAMS/RESOURCES

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- [Advocacy Connector](#)
- [Elected Officials](#)

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## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Maine include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Maine.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Maine passed legislation that applies to insurance plans issued or renewed on or after January 1, 2015. The law directs payers that provide coverage for cancer chemotherapy treatment to extend coverage for orally administered anti-cancer medication at a cost equal to the cost of intravenously administered or injected anti-cancer medications. Additionally, plans may not increase cost-sharing to patients for IV medications or reclassify benefits to be in compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective September 19, 2019, pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-262-2232

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### [Maine AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-207-287-3747

### [Maine Low Cost Drugs for the Elderly or Disabled Program](#)<sup>6</sup>

Phone: 1-866-796-2463

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Maryland include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Maryland.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- Maryland law requires health insurers to give members 30 days' notice when prescription drugs are removed from the formulary or moved to a higher tier and implement a process for members to request exceptions. Additionally, health insurers must honor a prior authorization granted to a member from a previous insurer for at least 30 days after the member has switched health insurance plans. Insurers are also required to honor their own prior authorizations under certain circumstances.
- Maryland law also provides protections against non-medical switching by limiting the circumstances under which pharmacy benefits managers may make “therapeutic interchanges” involving prescription drugs.

### STEP THERAPY<sup>4</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On October 1, 2012, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage to prescribed, orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered anti-cancer medications. The law also prohibits payers from increasing cost-sharing for IV treatments or reclassifying benefits in order to comply.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective October 1, 2017, a pharmacist may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made. The pharmacist would be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-410-767-1100

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Maryland AIDS Drug Assistance Program \(MADAP\)](#)<sup>5</sup>

Phone: 1-410-767-6535

[Maryland Senior Prescription Drug Assistance Program](#)<sup>6</sup>

Phone: 1-800-551-5995

[Primary Adult Care Program \(PAC\)](#)<sup>6</sup>

Phone: 1-800-226-2142

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Massachusetts include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Massachusetts to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Massachusetts does not appear to have any provisions limiting the use of step therapy protocols. Massachusetts does provide 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.

## ORAL PARITY LAW

LEARN MORE

- On May 1, 2013, Massachusetts implemented oral parity legislation to direct payers that provide coverage for cancer chemotherapy to extend coverage for prescribed, orally administered anti-cancer medications at a cost to the patient that is no less favorable than those receiving intravenously administered or injected cancer medications. Additionally, plans may not increase the out-of-pocket cost to patients to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- In Massachusetts, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-243-4636

TTY/ASCL: 1-800-439-2370

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### Massachusetts HIV Drug Assistance Program (HDAP)<sup>5</sup>

Phone: 1-617-502-1700

### Massachusetts Prescription Advantage<sup>6</sup>

Phone: 1-800-243-4636, ext. 2

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Michigan include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Michigan to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, Michigan has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Because Michigan has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Michigan has obtained federal approval to require that non-exempt individuals work a certain number of hours per month to be eligible for Medicaid benefits, effective January 2020. For more details on Medicaid expansion in Michigan, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Michigan, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-803-7174

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Michigan HIV/AIDS Drug Assistance Program \(MIDAP\)<sup>5</sup>](#)

Phone: 1-888-826-6565

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Minnesota include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Minnesota to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Effective 2021, health plans are required to honor a former plan's prior authorization of health care services for at least 60 days. If a health plan changes its coverage terms for a health care service, it may not apply the new terms as to an enrollee who has already received prior authorization until the next plan year (with limited exceptions). Additionally, Minnesota provides some protection against non-medical switching in the context of prescribed drugs that treat a “diagnosed mental illness.” Minnesota also provides protection related to the continued treatment by a health care provider.

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On May 14, 2010, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage for prescribed, orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications. However, plans may be in compliance if oral anti-cancer medications are not placed on the fourth drug tier.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Minnesota, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[State Health Insurance Assistance Program \(SHIP\) Senior LinkAge Line](#)  
Phone: 1-800-333-2433

### ABOUT<sup>5</sup>:

- The Minnesota Board on Aging certifies a team of volunteers to help seniors make informed choices about insurance. The service is called the Minnesota SHIP, and is a network of local programs that provide information, counseling, and assistance to all Medicare-eligible persons across the state.
- SHIP was formed in Minnesota in 1993 as a result of an initiative of the Centers for Medicare & Medicaid Services (CMS).

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### HIV Medication Program (ADAP)<sup>5</sup>

Phone: 1-651-431-2398 or 1-800-657-3761

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Mississippi.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>4</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Health policies issued or renewed on or after July 1, 2015, that provide coverage for cancer treatment must extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected cancer medications. The law prohibits payers from increasing cost-sharing for IV treatments or reclassifying benefits in order to comply.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Mississippi has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective July 1, 2019, pharmacists may substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA), would save costs for the purchaser, and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-844-822-4622

### ABOUT<sup>5</sup>:

- SHIP is a counseling program from the Mississippi Department of Human Services designed to answer the elderly’s questions about health insurance. Topics include Medicare, Medicaid, supplemental insurance, or other coverage. Volunteers are trained to answer questions, compare policies, organize paperwork, and help with claims and filing appeals.

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### AIDS Drug Assistance Program (ADAP)<sup>5</sup>

Phone: 1-601-362-4879

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

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- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Missouri.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Health policies issued or renewed on or after January 1, 2015, that provide coverage for cancer treatment must extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected cancer medications. A health benefit plan is also in compliance if they charge no more than \$75 per prescription for the orally administered anti-cancer treatment. Insurers may increase the cap annually based on the Consumer Price Index (CPI). The law prohibits payers from increasing cost-sharing for IV treatments or reclassifying benefits in order to comply.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Missouri has adopted measures to expand Medicaid, but has not implemented Medicaid expansion. Missouri voters approved a ballot measure on August 4, 2020 which adds Medicaid expansion to the state’s constitution. The amendment requires the state to submit all SPAs necessary to implement expansion to CMS no later than March 1, 2021 and for expansion coverage to begin July 1, 2021. Language in the amendment prohibits the imposition of any additional burdens or restrictions on eligibility or enrollment for the expansion population. For more details on Medicaid expansion in Missouri, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Missouri, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Community Leaders Assisting the Insured of Missouri \(CLAIM\)](#)

Phone: 1-800-390-3330

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Missouri Department of Health and Senior Services Through the HIV/AIDS Case Management Program<sup>5</sup>](#)

Phone: 1-573-751-6439

[Missouri Rx Plan<sup>6</sup>](#)

Phone: 1-800-375-1406

## ADDITIONAL PROGRAMS/RESOURCES

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- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Montana include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Montana.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Effective January 2020, 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.

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, Montana has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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. However, Montana is seeking federal approval to require that non-exempt individuals work a certain number of hours per month to be eligible for Medicaid benefits. For more details on Medicaid expansion in Montana, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective October 1, 2017, a pharmacist may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made. The pharmacist would be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-406-444-4077

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Montana AIDS Drug Assistance Program \(ADAP\)](#)<sup>5</sup>

Phone: 1-406-444-3565

[Montana Big Sky Rx Program](#)<sup>6</sup>

Phone: 1-866-369-1233 or 1-406-444-1233

[Montana Mental Health Services Plan \(MHSP\)](#)<sup>6</sup>

Phone: 1-406-444-3964 or 1-800-866-0328

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Nebraska include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Nebraska.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Nebraska does not appear to have any continuity of care provisions or limitations on non-medical switching specific to prescription drugs.

### STEP THERAPY<sup>2</sup>:

- 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. Effective 2020, 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.

## ORAL PARITY LAW

LEARN MORE

- On April 2, 2012, Nebraska implemented oral parity, which requires payers to cover orally administered anti-cancer medication at a cost to patients equal to intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Medicaid coverage under expansion became effective on October 1, 2020. Because Nebraska has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. Nebraska has received federal approval for a Section 1115 waiver to implement expansion with program elements that differ from what is allowed under federal law, including a tiered benefit structure that requires beneficiaries to meet work and healthy behavior requirements to access benefits. Certain waiver elements will go into effect on April 1, 2021, and others, including the work requirements, will go into effect April 1, 2022. For more details on Medicaid expansion in Nebraska, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective January 1, 2018, a pharmacist may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; and (2) the prescribing provider has not indicated that no substitution can be made. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 3 days of the substitution and meet certain reporting requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[The Nebraska Senior Health Insurance Information Program \(SHIIP\)](#)  
Phone: 1-800-234-7119, TTY 1-800-833-7352

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### AIDS Drug Assistance Program<sup>5</sup>

Phone: 1-402-471-2101

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

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- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Nevada include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Nevada.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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 THERAPY<sup>2</sup>:

- 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. Effective 2020, 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.

## ORAL PARITY LAW

LEARN MORE

- Nevada implemented legislation for health policies issued or renewed on or after January 1, 2015. This law requires payers that provide coverage for chemotherapy to treat cancer to establish cost-sharing of no more than \$100 per prescription for orally administered anti-cancer treatment. Additionally, plans may not increase the out-of-pocket cost for IV chemotherapy treatments to over \$100 to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective January 1, 2018, a pharmacist may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made orally or by writing “dispense as written” or “d.a.w.” on the prescription. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 3 days of the substitution and meet certain reporting requirements. The pharmacist must prescribe the substitute if the pharmacist is being paid by a government agency. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-307-4444 or 1-775-687-4210 (Carson City)

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### [Nevada AIDS Drug Assistance Program<sup>5</sup>](#)

Phone: 1-775-684-5928

### [Nevada Senior Rx Program<sup>6</sup>](#)

Phone: 1-866-303-6323 or 1-775-687-4210

### [Nevada Disability Rx<sup>6</sup>](#)

Phone: 1-866-303-6323 or 1-775-687-4210

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in New Hampshire include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in New Hampshire to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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 THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- New Hampshire limits the ability of an insurer to charge more for an oral chemotherapy drug than it does for an anti-cancer medication that is injected or intravenously administered. No insurer that provides coverage for anti-cancer medications that are injected or intravenously administered can require a higher co-payment, deductible, or coinsurance amount for patient administered oral anti-cancer treatment. If the cost-sharing requirements for orally administered anti-cancer medications do not exceed \$200 per prescription fill, the health plan will be deemed to comply with this law. This law applies only to oral anti-cancer medications where an intravenously administered or injected anticancer medication are not medically appropriate. The oral parity law will automatically be repealed in 2021.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Because New Hampshire has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, New Hampshire has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective 2019. For more details on Medicaid expansion in New Hampshire, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Effective January 1, 2019, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. The pharmacist is required to notify the prescribing practitioner. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[ServiceLink Resource Centers](#)

Phone: 1-866-634-9412

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### NH CARE Program<sup>5</sup>

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

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in New Jersey include: [AARP® MedicareRx Saver Plus](#), [Clear Spring Health Value Rx](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of New Jersey.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- New Jersey implemented legislation effective July 16, 2012, requiring payers to cover orally administered anti-cancer medication at a cost to patients equal to intravenously administered or injected anti-cancer medications. Additionally, orally administered anti-cancer medications must not be subject to any prior approval, dollar limit, co-payment, deductible or coinsurance provision that does not apply to intravenously administered or injected anti-cancer medications. Finally, plans may not increase the out-of-pocket cost to patients to achieve compliance.<sup>3</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In New Jersey, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[State Health Improvement Plan \(SHIP\)](#)

Phone: 1-800-792-8820

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### New Jersey ADPP Program<sup>5</sup>

Phone: 1-877-613-4533

### New Jersey Senior Gold Prescription Discount Program<sup>6</sup>

Phone: 1-800-792-9745

### New Jersey Pharmaceutical Assistance to the Aged and Disabled Program (PAAD)<sup>6</sup>

Phone: 1-800-792-9745

### New Jersey Division of Medical Assistance and Health Services<sup>6</sup>

Phone: 1-800-356-1561

## ADDITIONAL PROGRAMS/RESOURCES

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## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in New Mexico include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx, Elixir RxPlus](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in New Mexico to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- 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 THERAPY<sup>2</sup>:

- 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 as to contraception, but plans may still impose higher cost-sharing for brand name drugs under certain circumstances.

## ORAL PARITY LAW

LEARN MORE

- New Mexico law directs payers that provide coverage for cancer treatment to extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected cancer medications. Plans may not increase out-of-pocket costs for anti-cancer medications to comply with the law.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- Effective June 16, 2017, a pharmacist may substitute a biosimilar for the prescribed reference biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the biosimilar is less expensive than the prescribed biologic; and (3) the prescribing provider has not indicated that no substitution can be made by writing “no substitution” or “no sub” on the prescription. The pharmacist will be required to notify the prescribing practitioner and the patient about the substitution within 5 days of the substitution and meet certain reporting requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-432-2080

TTY: 1-505-476-4937

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### [HIV Services Program<sup>5</sup>](#)

Phone: 1-505-476-3628

## ADDITIONAL PROGRAMS/RESOURCES

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- [Advocacy Connector](#)
- [Elected Officials](#)

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## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- 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](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of New York.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- New York law directs payers that provide coverage for cancer chemotherapy treatment to extend coverage to orally administered anti-cancer medication at a cost no less favorable than the cost of intravenously administered or injected cancer medications. Plans may not increase out-of-pocket costs to patients to comply with the law.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- In New York, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>2,5</sup>:

[Health Insurance Information, Counseling and Assistance Program \(HIICAP\)](#)

Phone: 1-800-701-0501

### ABOUT<sup>2,5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### HIV Uninsured Care Programs<sup>5</sup>

Phone: 1-800-542-2437 or 1-518-459-1641 (out of state)

### [New York State Elderly Pharmaceutical Insurance Coverage \(EPIC\)<sup>6</sup>](#)

Phone: 1-800-332-3742

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- 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: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Exemplar Health Basic](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of North Carolina.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, North Carolina has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, North Carolina has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In North Carolina, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[The Seniors’ Health Insurance Information Program \(SHIIP\)](#)

Phone: 1-855-408-1212

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[North Carolina HIV Medication Assistance Program<sup>5</sup>](#)

Phone: 1-877-466-2232 or 1-919-733-9161

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of North Dakota.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- 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 THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- North Dakota passed legislation for health policies issued or renewed on or after August 1, 2015. This legislation requires payers in North Dakota that cover cancer chemotherapy treatments to provide coverage for oral chemotherapy at a cost-sharing rate for patients that does not exceed that of their IV treatments. Additionally, plans may not reclassify benefits or increase cost-sharing in order to be in compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In North Dakota, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-888-575-6611 or 1-701-328-2440

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[North Dakota Department of Health, HIV/AIDS Program<sup>5</sup>](#)

Phone: 1-701-328-2378 or 1-800-472-2180

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Ohio include: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of January 1, 2018, insurers must accept and respond to preauthorization requests under the pharmacy benefit through a secure electronic transmission using the National Council for Prescription Drug Program's (NCPDP) SCRIPT standard ePA transactions.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>3</sup>:

- 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 non-formulary drugs without additional cost-sharing when the provider documents medical necessity.

## ORAL PARITY LAW

LEARN MORE

- For health plans issued or renewed after January 1, 2015, Ohio law directs payers that provide coverage for cancer treatments to extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected cancer medications. Plans may not increase the out-of-pocket cost for IV chemotherapy to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Because Ohio has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, Ohio has obtained federal approval to require that non-exempt individuals work a certain number of hours per week to be eligible for Medicaid benefits, effective March 2019. For more details on Medicaid expansion in Ohio, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Ohio, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-686-1578

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### [Ohio HIV Drug Assistance Program<sup>5</sup>](#)

Phone: 1-800-777-4775

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Oklahoma include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [CommunityCare Prescription Drug Plan](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Oklahoma.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Health plans issued, amended, or renewed on or after January 1, 2020 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 shall be made easily accessible on the health plan's website.

## ORAL PARITY LAW

LEARN MORE

- Oklahoma implemented oral parity for health policies issued or renewed on or after November 1, 2013. This law requires payers that provide coverage for cancer treatment to cover orally administered anti-cancer medication at a cost equal to intravenously administered or injected cancer medications. A plan is also in compliance with the law if they charge no more than \$100 per prescription for the orally administered anti-cancer treatment. Plans may not increase the out-of-pocket cost to patients to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- Oklahoma has adopted measures to expand Medicaid, but has not implemented Medicaid expansion. Oklahoma voters approved a ballot measure to expand Medicaid, which requires the Oklahoma Health Care Authority to state certain steps that have not been taken. For more details on Medicaid expansion in Oklahoma, [click here](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- As of December 2020, Oklahoma has not enacted biosimilar substitution legislation.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-763-2828

### ABOUT<sup>5</sup>:

- 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)

LEARN MORE

[HIV/STD Services Division, OK State Department of Health<sup>5</sup>](#)

Phone: 1-405-271-4636

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Oregon to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- Healthcare coverage plans in Oregon are required to adopt policies for enrollees and prescribers to request exceptions for coverage of non-formulary drugs and detail the procedure and documentation required.

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2008, Oregon adopted an oral parity law that requires payers that provide coverage for cancer chemotherapy treatment to extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected cancer medications. Plans may not increase patient out-of-pocket costs to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- In Oregon, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>2,5</sup>:

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

Phone: 1-800-722-4134

### ABOUT<sup>2,5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### CAREAssist: Oregon's AIDS Drug Assistance Program<sup>5</sup>

Phone: 1-971-673-0144

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Pennsylvania include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [Indy Health Saver Rx](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Pennsylvania.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Plans must provide at least 30 days' notice of formulary changes to healthcare providers, except when the change is due to approval or withdrawal of approval by the U.S. Food and Drug Administration (FDA).

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2016, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage to prescribed, orally administered anticancer medications at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Pennsylvania, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[APPRISE Health Insurance Counseling Program](#)

Phone: 1-800-783-7067

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Pennsylvania Special Pharmaceutical Benefits Program - HIV/AIDS<sup>5</sup>](#)

Phone: 1-800-922-9384

[Special Pharmaceutical Benefits Program - Mental Health<sup>6</sup>](#)

Phone: 1-800-433-4459

[Pharmaceutical Assistance Contract for the Elderly \(PACE and PACENET\)<sup>6</sup>](#)

Phone: 1-800-225-7223 or 1-717-651-3600

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Rhode Island include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Rhode Island.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- Rhode Island requires that certain insurers notify plan enrollees of an upcoming formulary change.

### STEP THERAPY<sup>4</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On July 15, 2013, Rhode Island enacted an oral parity law to require payers that provide coverage for cancer chemotherapy treatment to extend coverage to orally administered anti-cancer medication at a cost to patients no less favorable than intravenously administered or injected anti-cancer medications. Plans may not increase cost-sharing to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Pharmacists must substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” by the U.S. Food and Drug Administration (FDA) and other state law requirements are met, unless certain exceptions apply. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-888-884-8721 or 1-401-462-4444

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### AIDS Drug Assistance Program (ADAP)<sup>5</sup>

Phone: 1-401-462-3294

### [Rhode Island Pharmaceutical Assistance for the Elderly \(RIPAE\)<sup>6</sup>](#)

Phone: 1-401-462-3000 or 1-401-462-0740

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- 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: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [SilverScript Choice](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of South Carolina.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- South Carolina does not appear to have any laws addressing non-medical switching or continuity of care for prescription drugs, but does require continuity of care when a physician leaves a network.

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, South Carolina has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, South Carolina has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- A pharmacist may substitute a biosimilar for the prescribed biologic if: (1) the U.S. Food and Drug Administration (FDA) has determined that it is “interchangeable” with the prescribed biologic; (2) the prescriber has authorized substitution with an interchangeable biological product; and (3) the patient has consented to the switch. A Medicaid recipient is deemed to have consented to a less costly interchangeable biological product. The pharmacist must notify the practitioner and patient about the substitution within 5 days of the substitution. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Insurance Counseling Assistance and Referrals for Elders \(I-CARE\)](#)

Phone: 1-800-868-9095

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[South Carolina AIDS Drug Assistance Program<sup>5</sup>](#)

Phone: 1-800-856-9954

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** 1. 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. 2. Data on file. Johnson & Johnson Health Care Systems Inc. 3. KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. 4. Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. 5. ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in South Dakota include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of South Dakota.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

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

## ORAL PARITY LAW

LEARN MORE

- South Dakota law requires insurance plans issued or renewed on or after January 1, 2016, that provide coverage for cancer chemotherapy treatment to extend coverage to orally administered anti-cancer medications at a cost equal to the cost of intravenously administered or injected anti-cancer medications. Plans cannot reclassify or increase cost-sharing inconsistent with annual increases in healthcare costs to comply with the law.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, South Dakota has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- A pharmacist dispensing a prescription drug order for a biological product prescribed by its brand or proper name may select an interchangeable biological product. Within five business days following the dispensing of a biological product, the pharmacist must notify the prescriber regarding the specific product provided to the patient, including the name of the product and the manufacturer. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Eastern South Dakota: 1-800-536-8197 or 1-605-333-3314

Central South Dakota: 1-877-331-4834 or 1-605-224-3212

Western South Dakota: 1-877-286-9072 or 1-605-342-8635

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Ryan White Part B CARE Program](#), [South Dakota Department of Health](#)<sup>5</sup>

Phone: 1-800-592-1861 or 1-605-773-3737

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Tennessee include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Tennessee.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- As of December 2020, Tennessee has not passed legislation regarding oral parity.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Tennessee has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Tennessee, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-877-801-0044

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### TN Department of Health, HIV/STD Program<sup>5</sup>

Phone: 1-615-741-7500 or 1-800-525-2437

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Texas include: [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Exemplar Health Basic](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), and [WellCare Classic](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Prescribers can submit a standard drug PA request form for prescription drug benefits. This form was implemented in Texas to help simplify and streamline the PA process for prescription drugs. The form is available [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Texas has a limited continuity of care provision that requires plans to cover “at the contracted benefit level” a prescription drug that has been removed from coverage for an enrollee until the enrollee’s plan renewal date. In addition, health plans must provide notice when they make modifications to drug coverage, including removing a drug from a formulary and adding a prior authorization requirement.

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On September 1, 2011, Texas enacted an oral parity law that requires payers that provide coverage for cancer chemotherapy treatment to extend coverage to orally administered anti-cancer medication at a cost no less favorable than the cost of intravenously administered or injected cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Texas has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Texas, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Health Information Counseling & Advocacy Program of Texas \(HICAP\)](#)  
Phone: 1-800-252-3439

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### Texas HIV Medication Program<sup>5</sup>

Phone: 1-800-255-1090

### Texas HIV State Pharmacy Assistance Program (SPAP)<sup>6</sup>

Phone: 1-800-255-1090, ext. 3004

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Utah include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxPlus](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Utah.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

- Utah law does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Utah implemented an oral parity law for health policies issued or renewed on or after October 1, 2013. This law requires payers to provide orally administered anti-cancer medications at a cost to the patient equal to intravenous or injected therapies. Plans may not increase the out-of-pocket cost for IV treatments to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- In Utah, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Utah Senior Health Insurance Program](#)

Phone: 1-800-541-7735

### ABOUT<sup>5</sup>:

- Utah provides online resources covering the various options in Medicare, Medigap, and Medicare Advantage plans that seniors can choose. Resources include publications from the Centers of Medicare & Medicaid Services (CMS) and state resources.

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### AIDS Drug Assistance Program<sup>5</sup>

1-801-538-6197

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

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**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Vermont include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- Each insurer must accept either the national standard transaction information for prior authorizations electronically via online portal or accept the uniform prior authorization form approved by Vermont. For more details, click [here](#).<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>4</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Vermont implemented legislation, effective April 1, 2010, requiring health insurers that provide coverage for cancer chemotherapy treatment to provide coverage for prescribed, orally administered anti-cancer medications on a financial basis no less favorable than intravenously administered or injected anti-cancer medications covered under the insured’s plan.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

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

## BIOSIMILAR LAW

LEARN MORE

- In Vermont, biosimilar substitution laws allow pharmacists to substitute a biological product for the prescribed reference biologic only if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and meets other state law requirements. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-642-5119

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Vermont Medication Assistance Program \(VMAP\)](#)<sup>5</sup>

Phone: 1-802-951-4005

[Healthy Vermonters and VPharm](#)<sup>6</sup>

Phone: 1-800-642-5119

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of January 1, 2018, insurers must accept and respond to preauthorization requests under the pharmacy benefit through a secure electronic transmission using the National Council for Prescription Drug Program’s (NCPDP) SCRIPT standard ePA transactions.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Virginia implemented legislation, effective July 1, 2012, requiring group and individual health insurance plans, corporations providing group or individual insurance plans, and HMOs to cover oral chemotherapy drugs on the same terms as they cover cancer chemotherapy drugs that are administered intravenously or by injection. Specifically, the law requires that coverage must be consistently applied within the same plan.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Virginia, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Virginia Insurance Counseling and Assistance Program \(VICAP\)](#)

Phone: 1-800-552-3402

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Virginia AIDS Drug Assistance Program<sup>5</sup>](#)

Phone: 1-855-362-0658

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

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

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Washington.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- On January 1, 2012, an oral parity law was enacted to direct payers that provide coverage for cancer chemotherapy treatments to extend coverage for prescribed, orally administered anti-cancer medications at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- In Washington, 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. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-800-562-6900

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

[Washington State Early Intervention Program<sup>5</sup>](#)

Phone: 1-877-376-9316 or 1-360-236-3426

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in West Virginia include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [Indy Health Saver Rx](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of West Virginia.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>2</sup>:

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

### STEP THERAPY<sup>2</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Health policies issued or renewed on or after January 1, 2016, that provide coverage for cancer treatment must extend coverage to orally administered anti-cancer medication at a cost no less favorable than intravenously administered or injected anti-cancer medications.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- 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](#).<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- 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.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

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

Phone: 1-877-987-4463 or 1-304-558-3317

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### AIDS Drug Assistance Program<sup>5</sup>

Phone: 1-304-232-6822

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kkf.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Wisconsin include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Elixir RxSecure](#), [Express Scripts Medicare - Value](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Wisconsin.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

- Wisconsin does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

### STEP THERAPY<sup>4</sup>:

- 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.

## ORAL PARITY LAW

LEARN MORE

- Wisconsin passed oral parity legislation for health policies issued or renewed on or after January 1, 2015, that requires payers to provide coverage for orally administered anti-cancer medication at a cost equal to intravenously administered or injected cancer medications. A plan is also in compliance with the law if they charge no more than \$100 per prescription for the orally administered anti-cancer treatment. Additionally, plans may not increase the out-of-pocket cost to patients to achieve compliance.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Wisconsin has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- 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.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[The Medigap Helpline](#)

Phone: 1-800-242-1060

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### Division of Public Health: ADAP<sup>6</sup>

Phone: 1-608-267-6875 or 1-800-991-5532

### Wisconsin SeniorCare<sup>6</sup>

Phone: 1-800-657-2038

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **6.** State Pharmaceutical Assistance Programs. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020.





## LOW-INCOME SUBSIDY (LIS) PROGRAMS

LEARN MORE

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Wyoming include: [AARP® MedicareRx Saver Plus](#), [Cigna Secure Rx](#), [Clear Spring Health Value Rx](#), [Humana Basic Rx Plan](#), [SilverScript Choice](#), [WellCare Classic](#), and [WellCare Medicare Rx Saver](#).<sup>1</sup>

## STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

- As of December 2020, a standard PA form has not been instituted in the state of Wyoming.<sup>2</sup>

## TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

### CONTINUITY OF CARE/NON-MEDICAL SWITCHING<sup>3</sup>:

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

### STEP THERAPY<sup>3</sup>:

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

## ORAL PARITY LAW

LEARN MORE

- Health policies issued or renewed on or after July 1, 2015, that cover cancer chemotherapy treatments cannot require higher cost-sharing for their coverage for oral chemotherapy than they do for intravenous or injected chemotherapy. Additionally, plans cannot reclassify benefits or increase their cost-sharing for intravenous drugs in order to comply.<sup>2</sup>

## MEDICAID EXPANSION

LEARN MORE

- As of December 2020, Wyoming has not expanded Medicaid.<sup>3</sup>

## BIOSIMILAR LAW

LEARN MORE

- Pharmacists may substitute a biological product for the prescribed reference biologic if it is deemed to be an “interchangeable” biosimilar by the U.S. Food and Drug Administration (FDA) and other state law requirements are met, unless certain exceptions apply. Currently, there are no interchangeable biological products.<sup>2</sup>

## STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

### PROGRAM NAME<sup>5</sup>:

[Wyoming State Health Insurance Information Program \(WSHIIP\)](#)

Phone: 1-800-856-4398

### ABOUT<sup>5</sup>:

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

## STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

### HIV Services Program<sup>5</sup>

Phone: 1-307-777-5856

## ADDITIONAL PROGRAMS/RESOURCES

For general medication access and affordability options resources, as well as questions or concerns regarding state issues requiring legislative intervention, please visit the following pages within this document:

- [National Foundations](#)
- [Advocacy Connector](#)
- [Elected Officials](#)

Eligible veterans may be able to receive care from participating community providers through the **Veteran Community Care Program**. [Click here](#) for additional information.

**References:** **1.** 2021 Medicare Part D Stand-Alone Prescription Drug Plans. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>. Accessed February 3, 2021. **2.** Data on file. Johnson & Johnson Health Care Systems Inc. **3.** KKF Status of State Action on the Medicaid Expansion Decision. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Accessed December 20, 2020. **4.** Seniors Resource Guide. <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed January 28, 2020. **5.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020.



# 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 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.<sup>1</sup>
- 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.<sup>1</sup>

## 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 2021, the FPL is \$12,880 a year as a single person or \$26,500 for a family of four. Alaska and Hawaii use a different income limit.) [Click here to learn more.](#)
- Patients earning more than these amounts can buy a private insurance plan in the Marketplace, and/or may be eligible for tax credits that lower the cost of monthly premiums and out-of-pocket costs.<sup>1</sup>

## SUPPORT IN STATES THAT HAVEN'T EXPANDED

- Patients earning more than 100% of the FPL will be able to buy a private health insurance plan in the Marketplace and may qualify for premium tax credits and other savings based on household size and income.
- Patients earning less than 100% of the FPL won't qualify for lower costs for private insurance based on income, but may be eligible for Medicaid, even without the expansion, based on the state's existing rules.<sup>1</sup>

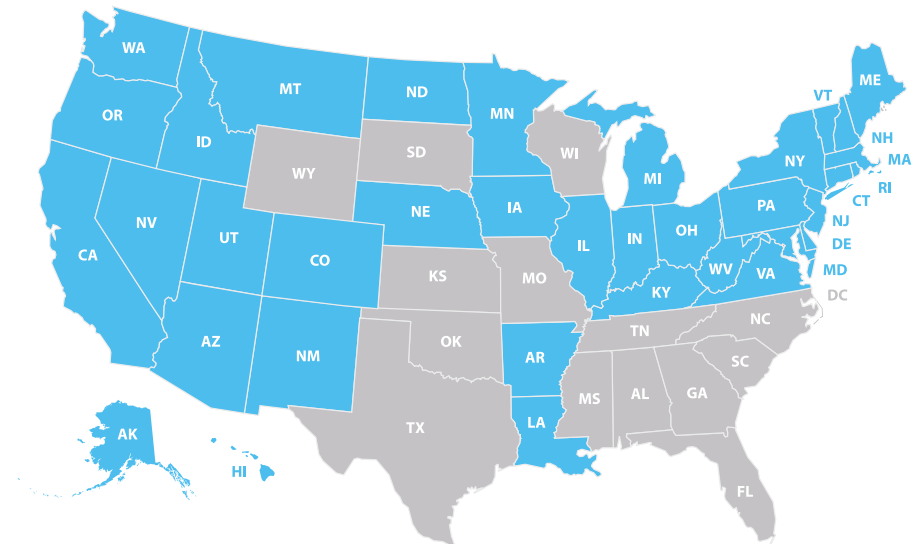
## HOW TO APPLY IF YOUR STATE HASN'T EXPANDED

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

## STATES WITH EXPANDED MEDICAID

The states colored in blue have implemented Medicaid expansion.<sup>3</sup>



**References:** 1. Medicaid Expansion & What It Means for You. <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>. Accessed December 20, 2020. 2. Annual Update of the HHS Poverty Guidelines, 85 Fed. Reg. 3,060 (Jan. 17, 2020). 3. Status of State Medicaid Expansion Decisions: Interactive Map. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>. Accessed December 20, 2020.



# State Pharmaceutical Assistance Programs (SPAPs)



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

## KEY FACTS

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

## ADDITIONAL INFORMATION

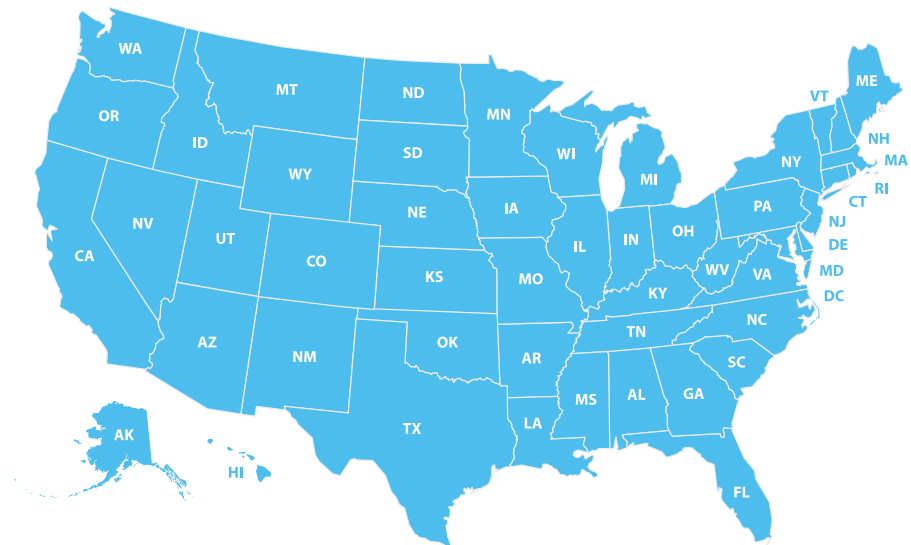
- Some states offer programs that can help people with certain illnesses pay for their prescription drugs. HIV/AIDS Drug Assistance Programs (ADAPs) and programs for people suffering from end-stage renal disease (ESRD) are programs in this category.<sup>1</sup>
- States that offer SPAPs often coordinate 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.<sup>2</sup>

## 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.<sup>3</sup>

## STATES WITH SPAP/ADAP PROGRAMS

All 50 states currently have SPAPs and/or ADAPs in place.<sup>1,3,4</sup>



**References:** **1.** SPAP Chart. <https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>. Accessed December 30, 2020. **2.** SPAP Research. <http://www.ncsl.org/research/health/state-pharmaceutical-assistance-programs.aspx>. Accessed December 30, 2020. **3.** ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory. <http://adap.directory/directory>. Accessed December 30, 2020. **4.** Your Guide to Medicare Prescription Drug Coverage. <https://www.medicare.gov/pubs/pdf/11109-Your-Guide-to-Medicare-Prescrip-Drug-Cov.pdf>, p. 65. Accessed December 30, 2020.



# Low-Income Subsidy (LIS) Eligibility



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

## KEY FACTS

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

## ELIGIBILITY

LIS for prescription drug costs is available in two ways:

1) Automatic eligibility, or 2) By application.

- For more information, please visit: <http://www.medicare.gov/> and <https://www.ssa.gov/><sup>1</sup>

## EFFECT OF LIS ON PATIENT COSTS

A Medicare patient may be eligible for 1 of 2 different levels of “Extra Help” – the full subsidy or the partial subsidy.

### Full LIS

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

## EFFECT OF LIS ON PATIENT COSTS (CONTINUED)

- Patients who qualify for full LIS are entitled to a premium subsidy equal to 100% of the plan’s premium for basic prescription drug coverage, or the regional low-income premium subsidy amount, also called the “benchmark premium.”<sup>1</sup>

### Partial LIS

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

## APPLYING FOR “EXTRA HELP”

There is no cost to apply for this program. Patients should start the process early to ensure that the benefit is in place by January 1 of the next Part D plan year. If a patient is having trouble paying for his or her medications, he or she should be aware of the following application options:

- To apply online, visit <https://secure.ssa.gov/i1020/start>
- To apply by telephone, call 1-800-772-1213. (TTY users should call 1-800-325-0778)

## LIS PLANS PER STATE

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

\* This resource only includes basic LIS plans that have a \$0 premium with full LIS. Please visit <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> and download “2021 PDP Landscape Source Files” to see all plans available in your state.

**Reference: 1.** Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual, Chapter 13 – Premium and Cost-Sharing Subsidies for Low-Income Individuals. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter-13-Premium-and-Cost-Sharing-Subsidies-for-Low-Income-Individuals-v09-14-2018.pdf>. Accessed December 30, 2020.



# State Health Insurance Assistance Programs (SHIPs)



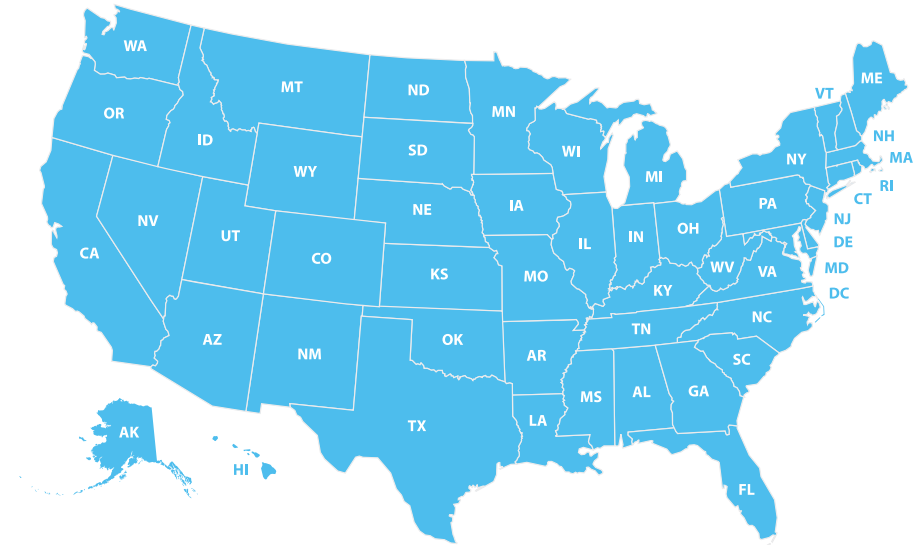
**Free information. Free counseling.  
Learn about an outstanding resource  
for providers and patients with  
Medicare or Medicare-related health  
insurance questions.**

## KEY FACTS

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

## STATES WITH SHIP

SHIPs operate in all 50 states, and also in the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.<sup>1</sup> To access SHIP descriptions and contact information, visit <https://www.shiptacenter.org/>.



\* Only LIS plans listed as basic/\$0 premium are included in this resource. Please visit <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn> and download "2021 PDP Landscape Source Files" to see all plans available in your state.

**Reference: 1.** Senior Resources Guide: Find your State's State Health Insurance Assistance Program (SHIP). <http://www.seniorsresourceguide.com/directories/National/SHIP/>. Accessed December 30, 2020.



# Standard Prior Authorization (PA) Form



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

## KEY FACTS

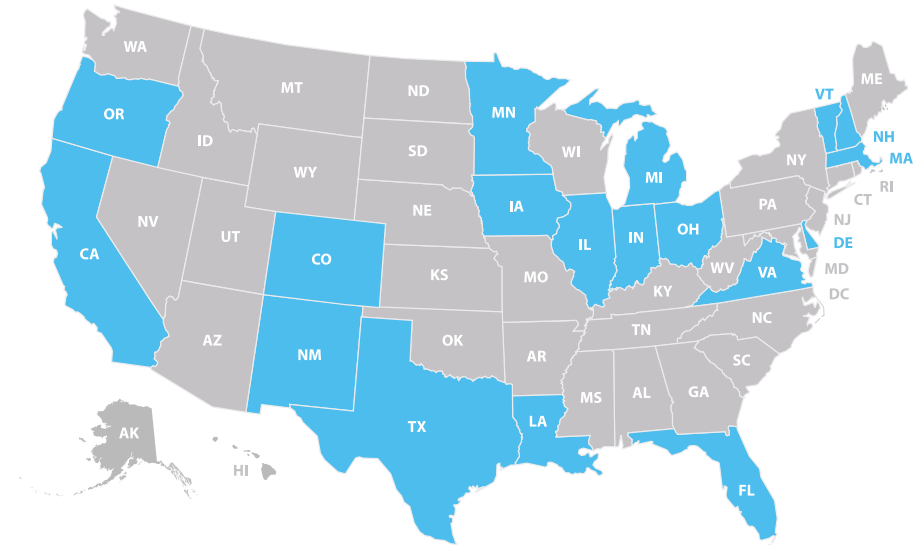
- A standardized, or “uniform,” PA form may be required in certain states to submit PA requests to a health plan for review, along with the necessary clinical documentation. These standard forms can be used across payers and health benefit managers (this includes health insurers, prepaid managed care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

## LIMITATIONS

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

## STATES WITH A STANDARD PA FORM

The states colored in blue are the only states that have a standard PA form.<sup>1</sup>



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





# Foundations & Other Non-profit Resources



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

## KEY FACTS

- In recent years, healthcare choices have expanded significantly, many due to advances in pharmaceutical treatments. Although prescription drug expense represents only a small portion of total U.S. healthcare spending,<sup>1</sup> 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

**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.

4700 Millenia Blvd., Suite 410  
Orlando, FL 32839  
Phone: 1-855-845-3663  
Fax: 1-833-865-3757  
Website: [www.tafoares.org](http://www.tafoares.org)

**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](mailto:info@cancercare.org)  
Website: [www.cancercare.org](http://www.cancercare.org)

## FOUNDATIONS & FUNDS (continued)

**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](mailto:info@mygooddays.org)  
Website: [www.mygooddays.org](http://www.mygooddays.org)

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

P.O. Box 489  
Buckeystown, MD 21717  
Phone: 1-800-675-8416  
Fax: 1-800-282-7692  
E-mail: [grants@healthwellfoundation.org](mailto:grants@healthwellfoundation.org)  
Website: [www.healthwellfoundation.org](http://www.healthwellfoundation.org)

[Click here for next page of Foundations & Other Non-profit Resources](#)

**Reference: 1.** Prescription drugs represented 9.5% of total healthcare spending in 2017; Centers for Disease Control and Prevention. (2017). Health, United States, 2018; Table 43. Available at: <https://www.cdc.gov/nchs/data/abus/2018/043.pdf>. Accessed February 7, 2020.



# Foundations & Other Non-profit Resources



## FOUNDATIONS & FUNDS (continued)

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### **The 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.

Phone: 1-800-955-4572

Website: [www.lls.org](http://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](http://www.rarediseases.org)

## FOUNDATIONS & FUNDS (continued)

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### **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](mailto:info@panfoundation.org)

Website: [www.panfoundation.org](http://www.panfoundation.org)

### **The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR)**

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

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](mailto:cpr@patientadvocate.org)

Website: [www.copays.org](http://www.copays.org)

**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](http://www.patientservicesinc.org)

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



# 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

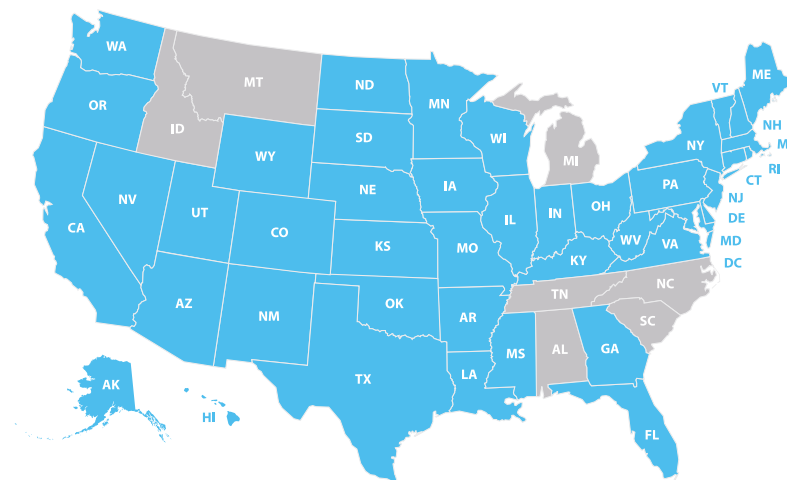
- Oral parity laws require payers to equalize patient cost-sharing between oral chemotherapy and intravenous (IV) chemotherapy under a given health plan.<sup>1</sup>
- Patients are often required to pay more under their insurance plans for oral chemotherapy than for physician-administered treatment.
- Health plans typically cover IV chemotherapy as a medical benefit<sup>2</sup> 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.<sup>3</sup> Average costs for the patient are \$20–\$40 per visit.<sup>4</sup>
- 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.<sup>5</sup>

## STATES WITH ORAL PARITY LAWS

All states colored in blue have passed oral parity laws.<sup>6</sup>



**References:** **1.** Milliman Client Report, Parity for Oral and Intravenous/Injected Cancer Drugs. Jan. 25, 2010. <https://www.kff.org/wp-content/uploads/sites/2/2012/05/parity-oral-intravenous-injected.pdf>, p. 4. Accessed December 20, 2020. **2.** OLR, Anti-Cancer Medication Parity Laws in Select States, CT General Assembly. Sept. 12, 2012. <http://www.cga.ct.gov/2012/rpt/2012-R-0419.htm>. Accessed December 30, 2020. **3.** Kaiser Health News, Some States Mandate Better Coverage of Oral Cancer Drugs. May 14, 2012. <http://www.kaiserhealthnews.org/features/insuring-your-health/2012/cancer-drugs-by-pill-instead-of-iv-michelle-andrews-051512.aspx>. Accessed December 30, 2020. **4.** 2016 Milliman Medical Index. May 2016. <https://millimanazurecdn-test2.azureedge.net/-/media/milliman/importedfiles/uploadedfiles/insight/periodicals/mmi/2016-milliman-medical-index.ashx>, p. 9, footnote 16. Accessed December 30, 2020. **5.** Data on file. Johnson & Johnson Health Care Systems Inc.



# Advocacy Connector



Your online destination to connect patients to national or state advocacy groups that can provide support.

## KEY FACTS

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

## WEBSITE

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

The screenshot shows the 'Advocacy Connector' section of the cancer.com website. At the top, there's a navigation bar with 'Other' selected, and tabs for 'Recently Diagnosed', 'Treatment Decisions', 'During Treatment', 'Remission', and 'Facing Recurrence'. Below this, the 'ADVOCACY CONNECTOR' title is displayed in a grid-like font. A sub-header reads 'Find Advocacy Groups Near You', followed by a brief description of the tool's purpose. On the left sidebar, there are links for 'My Care Activator™', 'Advocacy Connector' (which is highlighted), and 'Survivorship Guide'. The main content area features a 'Select a cancer type' dropdown menu and a 'ZIP Code' input field. Below these, a section titled 'Select all the resources you are interested in: \*' contains two columns of checkboxes for various services: Advocacy Help Lines, Cancer Research, Clinical Trials Information, End of Life Care, Legal & Insurance Assistance, Men's Health Issues, Alternative & Complementary Therapies, Caregiver Support, Counseling, Financial Assistance, Materials in Other Languages (Spanish), and Pain Management & Palliative Care.



# Biosimilar Legislation



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

### KEY FACTS

- States regulate the use of brand-name and generic prescription drugs through statutes and rules about substitution of generics for brand-name prescriptions. However, regulating biologic drug substitution raises more complex issues. Biologic drugs are much more difficult to replicate than small molecule drugs. While identical “generic” versions of biologics are currently virtually impossible to produce,<sup>1</sup> manufacturers may obtain U.S. Food and Drug Administration (FDA) approval for biological products that are “highly similar” (but not identical) to brand-name biological products. In addition, the FDA can deem a biosimilar product “interchangeable” with a brand-name product, which is an even more stringent standard.
- Traditional statutes regulating “generic drugs” could possibly be misapplied to new biosimilar products that are not identical.
- There are initiatives underway to amend older state laws to address the medical and chemical characteristics of “biologics,” as well as any future generic-style “follow-on biologics” or “biosimilars.”
- Since 2013, at least 49 states have considered legislation to establish standards for substitution of a “biosimilar” prescription product.<sup>1</sup>
- As of December 31, 2017, fewer than 10 drugs have gained full approval by the FDA as biosimilars in the United States. No products have been deemed interchangeable.<sup>1</sup>

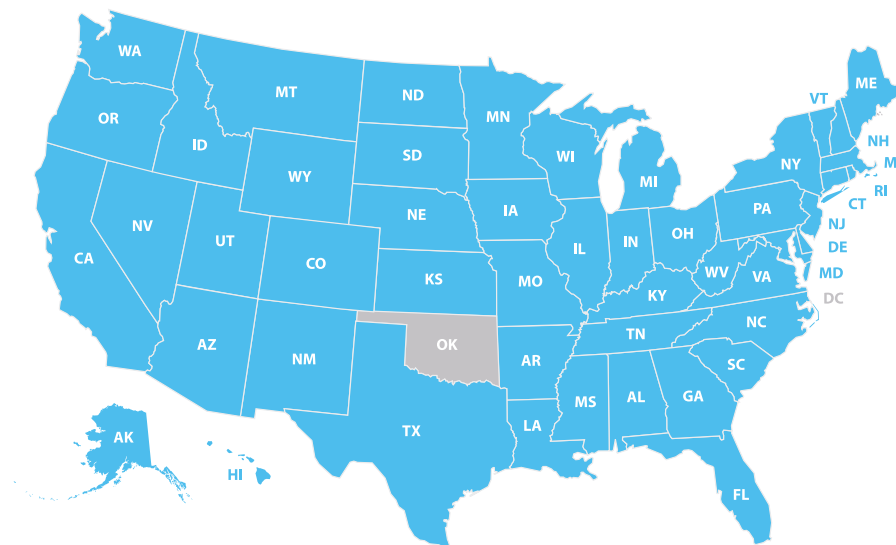
### COMMON FEATURES OF STATE LEGISLATION 2013-2018<sup>1</sup>

- Any biosimilar product under consideration for substitution must first be approved as “interchangeable” by the FDA.
- The prescriber would still be able to request the innovator product by stating “dispense as written,” “brand medically necessary,” or other similar language.
- The prescriber must be notified of any allowable substitution made at a pharmacy.

- The individual patient must be notified that a substitute or switch has been made. In some cases, state law would require patient consent before any such switch is made.
- In some states, the pharmacist and physician must retain records of substituted biologic medications.
- Some state legislation provides immunity for pharmacists who make a biologic substitution in compliance with state law.
- Some state legislation requires the pharmacist to explain the cost or price of the biologic and the interchangeable biosimilar.
- Some state legislation requires that the state must maintain a public or web-based list of permissible interchangeable products.

### CURRENT STATE LAWS AND LEGISLATION

All states colored in blue have enacted legislation for biologics and biosimilar substitution.<sup>1,2</sup>



**References:** 1. Prescription Drug State Database. <http://www.ncsl.org/research/health/state-laws-and-legislation-related-to-biologic-medications-and-substitution-of-biosimilars.aspx>. Accessed December 30, 2020. 2. Data on file. Johnson & Johnson Health Care Systems Inc.



# Treatment Access: Continuity of Care, Non-Medical Switching, and Step Therapy



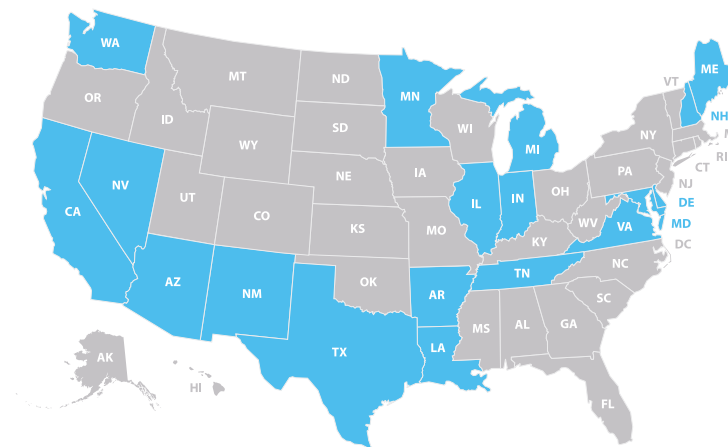
State-specific legislation may help patients to receive uninterrupted medical services in some situations.

## 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 (i.e., try a less expensive generic or biosimilar version of a therapy before moving up a "step" to the more expensive therapy) and is often imposed as part of the prior authorization process.
- Some states have passed laws that restrict the use of step therapy and fail-first protocols, such as by requiring payers to provide a process through which patients and providers can obtain an exception.<sup>1</sup>

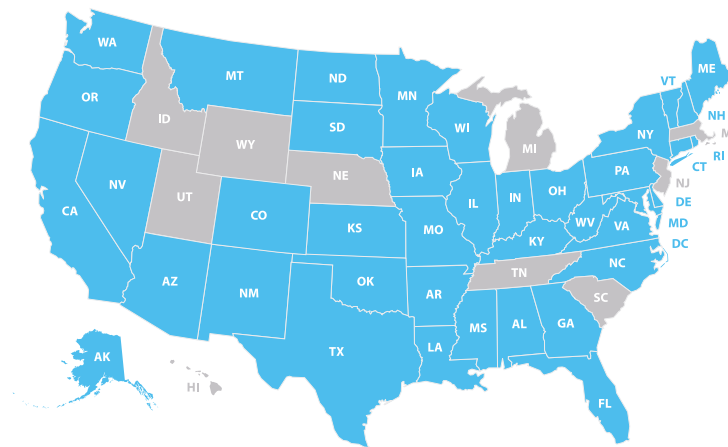
## STATES WITH CONTINUITY OF CARE/NON-MEDICAL SWITCHING PROTECTIONS

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



## STATES WITH STEP THERAPY PROTECTIONS

All states colored in blue have instituted step therapy protections.<sup>1</sup>



Reference: 1. Data on file. Johnson & Johnson Health Care Systems Inc. Data as of December 30, 2020.





# Additional Resources & Links



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<sup>1</sup>:

- **U.S. SENATORS:**

[https://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](https://www.senate.gov/general/contact_information/senators_cfm.cfm)

- **U.S. REPRESENTATIVES:**

<http://www.house.gov/representatives/>

- **STATE LEGISLATURE WEBSITES:**

<https://www.congress.gov/state-legislature-websites>

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](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>

**Reference: 1.** Data on file. Johnson & Johnson Health Care Systems Inc. Data as of December 30, 2020.