Know Your State
INTERACTIVE TOOL

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

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

- 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)

*Only LIS plans listed as basic/$0 premium are included in this resource. Please visit https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2020-PDP-Landscape-Source-Files-v-10-15-19.zip to see all plans available in your state.
Know Your State
INTERACTIVE TOOL

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

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.

PLEASE NOTE
For the best possible navigation experience, this PDF should be opened using Adobe Acrobat Reader, which can be downloaded here.
Affordability Options
INTERACTIVE MAP

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

* As of May 13, 2020

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

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

• As of December 2019, a standard PA form has not been instituted in the state of Alabama.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

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

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

ORAL PARITY LAW

• As of December 2019, Alabama has not passed legislation regarding oral parity.

MEDICAID EXPANSION

• As of September 2019, Alabama has not expanded Medicaid.

BIOSIMILAR LAW

• 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

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

ADDITIONAL PROGRAMS/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

References:
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.

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

ADDITIONAL PROGRAMS/RESOURCES

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

• As of December 2019, a standard PA form has not been instituted in the state of Alaska.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
• 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:
• 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

• 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

• 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

ABOUT:
• 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)

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

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

ADDITIONAL PROGRAMS/RESOURCES

References:
ADDITIONAL PROGRAMS/RESOURCES

• Arizona does not appear to have any laws or regulations specifically for “Extra Help” to pay for prescription drugs. The LIS programs in Arizona include: AARP® MedicareRx Saver Plus, AmeriVantage Rx Basic, Blue MedicareRx Value, Cigna HealthSpring Rx Secure, Clear Spring Health Value Rx, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, Magellan Rx Medicare Basic, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

STANDARD PRIOR AUTHORIZATION (PA) FORM

• As of December 2019, a standard PA form has not been instituted in the state of Arizona.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
• Arizona requires health insurers to cover a previously prescribed drug for 60 days after notice of the coverage change is made to the enrollee through the dispensing pharmacy.

STEP THERAPY:
• 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

• 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).

MEDICAID EXPANSION

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

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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME:
State Health Insurance Assistance Program (SHIP)
Phone: 1-800-432-4040

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAps)

Arizona AIDS Drug Assistance Program (ADAP)
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

Eligible veterans may be able to receive care from participating community providers through the Veteran Community Care Program. Click here for additional information.
Recently enacted legislation, S.B. 446, prohibits an insurance policy from mandating any provider to use step therapy more than once for the same prescription. Insurers and utilization review entities may still require step therapy under certain circumstances. 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.2

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.2

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.2

Arkansas includes: Cigna-HealthSpring Rx Secure, Clear Spring Health Value Rx, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

As of December 2019, a standard PA form has not been instituted in the state of Arkansas.2

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.2

Contact us for additional information.

TO VIEW A GLOSSARY OF COMMON HEALTHCARE TERMS, VISIT: http://khn.org/glossary/

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- 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.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- 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.

STEP THERAPY:

- California 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 expedient 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

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

- PROGRAM NAME: California Department of Aging’s Health Insurance Counseling and Advocacy Program (HICAP) Phone: 1-800-510-2020

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

- California AIDS Drug Assistance Program (ADAP): Phone: 1-844-421-7050

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.

ADDITIONAL PROGRAMS/RESOURCES

- Prescribers can submit a standard drug PA request form for prescription drugs.
- Medicare patients who have limited income and resources may qualify.

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- Colorado law does not appear to include any continuity of care for managed care plans.

ORAL PARITY LAW
- 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.

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

BIOSIMILAR LAW
- 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.

References:
Connecticut

ADDITIONAL PROGRAMS/RESOURCES

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Connecticut.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- 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:
- 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

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME:
The CHOICES Program
Phone: 1-800-537-2549

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Connecticut AIDS Drug Assistance Program (CADAP)
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:
5. To view a glossary of common healthcare terms, visit: http://khn.org/glossary/
ADDITIONAL PROGRAMS/RESOURCES

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME¹:
Delaware Medicare Assistance Bureau (DMAB)
Phone: 1-800-336-9500 or 1-302-674-7364
ABOUT²:
• Provides free health insurance counseling for people with Medicare. Patients can schedule counseling sessions with local, trained volunteers. Empowers people with Medicare to better understand options and make health insurance decisions.
• Counselors assist with logistics regarding Medicare, Medicaid, Medigap, long-term care insurance, and other types of health insurance. Counselors are volunteers with extensive training on health insurance. One-on-one counseling is objective and confidential. They are currently accepting volunteers.

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Delaware AIDS Drug Assistance Program (ADAP)³
Phone: 1-302-744-1050
Delaware Prescription Assistance Program (DPAP)⁴
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:
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.

ADDITIONAL PROGRAMS/RESOURCES

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the District of Columbia.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/ NON-MEDICAL SWITCHING:

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

STEP THERAPY:

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

ORAL PARITY LAW

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- As of March 2019, biosimilar legislation in the District of Columbia has not been instituted.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME:
Health Insurance Counseling Project (HICP)
Phone: 1-202-724-5626

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

DC AIDS Drug Assistance Program (ADAP)
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

References:
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:
**Georgia**

**LOW-INCOME SUBSIDY (LIS) PROGRAMS**

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

**STANDARD PRIOR AUTHORIZATION (PA) FORM**

- As of December 2019, a standard PA form has not been instituted in the state of Georgia.

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

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:

- 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**:

- Health benefit plans that cover treatment for stage-four advanced metastatic cancer are prohibited from limiting or excluding coverage of a U.S. Food and Drug Administration (FDA)-approved drug by requiring a fail-first process. Effective January 2020, health plans must grant exceptions to their step therapy requirements under certain circumstances.

**MEDICAID EXPANSION**

- As of September 2019, Georgia has not expanded Medicaid.

**BIOSIMILAR LAW**

- 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.

**ORAL PARITY LAW**

- 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.

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

**PROGRAM NAME**: GeorgiaCares

**Phone**: 1-866-552-4464

**ABOUT**:

- 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)**

**Georgia AIDS Drug Assistance Program (ADAP)**

**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.

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.

ADDITIONAL PROGRAMS/RESOURCES

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

References:

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Hawaii.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/ NON-MEDICAL SWITCHING:
- 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:
- Hawaii does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

ORAL PARITY LAW

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Hawaii AIDS Drug Assistance Program (HDAP)
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.

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Hawaii.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/ NON-MEDICAL SWITCHING:
- 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:
- Hawaii does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements.

ORAL PARITY LAW

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Hawaii AIDS Drug Assistance Program (HDAP)
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.
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:
4. Senior Health Insurance Benefits Advisors (SHIBA) Phone: 1-800-247-4422
Continuity of Care/Non-Medical Switching:

- Illinois requires health insurers that offer qualified health plans to implement an exceptions process for step therapy requirements and to share unless the healthcare plan provides specified notifications to enrollees at least 60 days before making the formulary change. Effective January 1, 2019, a health plan is prohibited from removing a drug from its formulary or negatively changing its preferred or cost-tier classification for intravenous and/or injectable treatments (i.e., rates cannot be increased in order to comply with this legislation).2

Oral Parity Law:

- 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).2

Medicaid Expansion:

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

Biosimilar Law:

- 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.2

State Health Insurance Assistance Programs (SHIPs):

- The Illinois Ryan White Part B AIDS Drug Assistance Program (ADAP-Medication Assistance)5 Phone: 1-217-782-4977

State Pharmaceutical Assistance Programs (SPAPs):

- 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

Additional Programs/Resources:

- Eligible veterans may be able to receive care from participating community providers through the Veteran Community Care Program. Click here for additional information.

References:

**ADDITIONAL PROGRAMS/RESOURCES**

- **STANDARD PRIOR AUTHORIZATION (PA) FORM**
  - 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.

- **LOW-INCOME SUBSIDY (LIS) PROGRAMS**
  - Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in Indiana include: AARP® MedicareRx Saver Plus, Cigna-HealthSpring Rx Secure, ClearSpring Health Value Rx, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

- **ORAL PARITY LAW**
  - 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.

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

- **TREATMENT ACCESS: GET ON IT AND STAY ON IT**
  - 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

- **BIOSIMILAR LAW**
  - 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.

- **STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)**
  - **Program Name**: Senior Health Insurance Program (SHIP)
    - **Phone**: 1-800-452-4800
  - **About**: SHIP sites are located throughout the state of Indiana. Patients can visit a local SHIP site in order to arrange an in-person counselor meeting or to have questions answered by phone.
  - **Additional Resources**: 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)**
  - **Program Name**: Indiana AIDS Drug Assistance Program (ADAP)
    - **Phone**: 1-866-588-4948
  - **About**: Eligible veterans may be able to receive care from participating community providers through the Veteran Community Care Program. Click here for additional information.

References:
4. 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.
5. Additional Resources: 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.
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.

ADDITIONAL PROGRAMS/RESOURCES

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

References:

© Johnson & Johnson Health Care Systems Inc. April 2020 cp-71792v3
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.

To view a glossary of common healthcare terms, visit: [http://khn.org/glossary/](http://khn.org/glossary/)

---

**References:**


To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Kentucky.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

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

STEP THERAPY:

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

ORAL PARITY LAW

- 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.

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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

ABOUT:

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

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

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:
4. Kentucky State Health Insurance Assistance Program (SHIP).
ADDITIONAL PROGRAMS/RESOURCES

Louisiana imposes certain limitations on step therapy protocols,

STEP THERAPY 2:

• Louisiana offers a transition period and appeals process for enrollees

• Prescribers can submit a standard drug PA request form for prescription

• Medicare patients who have limited income and resources may qualify

of the alternative comparable formulary medications in writing.

formulary. Effective January 2020, if a prescribed drug is denied by a health plan based upon step therapy, the plan must provide the prescriber with a list by peer-reviewed, evidenced-based medical literature. Managed care plans must have an exceptions policy for drugs that are not included on the

prescribed drug is consistent with best practices and supported

to restrict any prescription benefit for the treatment of stage-four advanced metastatic cancer or associated conditions if use of the

Additionally, health plans are prohibited from using step therapy

requiring a step therapy protocol override in certain circumstances.

including by requiring a clear and abbreviated exception process, and

prevented from changing a drug or “intravenous infusions” to allow the enrollee to file an appeal to continue on previously prescribed therapy.

TREATMENT ACCESS:

STANDARD PRIOR AUTHORIZATION (PA) FORM

• 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.

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

LEARN MORE

STANDARD PRIOR AUTHORIZATION (PA) FORM

LEARN MORE

TREATMENT ACCESS:

GET ON IT AND STAY ON IT

LEARN MORE

ORAL PARITY LAW

• 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.

LEARN MORE

MEDICAID EXPANSION

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

LEARN MORE

BIOSIMILAR LAW

• 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.

LEARN MORE

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME: Senior Health Insurance Information Program (SHIIP)

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

ABOUT: 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.

LEARN MORE

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Louisiana Health Access Program (LA HAP)

Phone: 1-504-568-7474

LEARN MORE

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.

LEARN MORE

LOW-INCOME SUBSIDY (LIS) PROGRAMS

References:

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/
• As of December 2019, a standard PA form has not been instituted in the state of Maine.  

• 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, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.  

• 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, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.  

• 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.  

• 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.  

• 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.  

• 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.
ADDITIONAL PROGRAMS/RESOURCES

STEP THERAPY 2:
Additionally, Maryland law provides some protections against:

- Effective January 2020, Maryland law requires health insurers to give 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.

CONTINUITY OF CARE/NON-MEDICAL SWITCHING 2:

- As of December 2019, a standard PA form has not been instituted in the state of Maryland. 2

TREATMENT ACCESS: GET ON IT AND STAY ON IT

ORAL PARITY LAW

- 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. 2

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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. 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.

Maryland AIDS Drug Assistance Program (MADAP) 5
Phone: 1-410-767-1100

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

Primary Adult Care Program (PAC) 5
Phone: 1-800-226-2142

Additional Resources

- Elected Officials
- Advocacy Connector
- National Foundations
- State Pharmaceutical Assistance Programs (SPAPs)
- State Health Insurance Assistance Programs (SHIPs)

Maryland Senior Prescription Drug Assistance Program 6
Phone: 1-410-767-6535

References:
5. Maryland Senior Prescription Drug Assistance Program 6
Phone: 1-800-551-5995

© Johnson & Johnson Health Care Systems Inc.

April 2020
**LOW-INCOME SUBSIDY (LIS) PROGRAMS**

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

**STANDARD PRIOR AUTHORIZATION (PA) FORM**

- Prescribers can submit a standard drug PA request form for prescription drug coverage. This form was implemented in Massachusetts to help simplify and streamline the PA process for prescription drugs. The form is available here.

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

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING**:

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

**STEP THERAPY**:

- 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**

- 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.

**MEDICAID EXPANSION**

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

**BIOSIMILAR LAW**

- 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.

**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:

5. Massachusetts HIV Drug Assistance Program (HDAP)5 Phone: 1-800-243-4636 (option #3)
6. Massachusetts Prescription Advantage6 Phone: 1-800-243-4636, ext. 2

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/
ADDITIONAL PROGRAMS/RESOURCES

Michigan does not appear to have any laws or regulations that apply for “Extra Help” to pay for prescription drugs. The LIS programs in Michigan include: AARP® MedicareRx Saver Plus, Clear Spring Health Value Rx, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, Journey Rx Standard, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

STANDARD PRIOR AUTHORIZATION (PA) FORM

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.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

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

STEP THERAPY:

Michigan does not appear to have any laws or regulations that apply specifically to step therapy/fail-first requirements. Health plans in Michigan must provide for exceptions from a formulary limitation when a non-formulary alternative is a medically necessary and appropriate alternative, but this does not prevent a plan from imposing a prior authorization process or higher cost-sharing.

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

ORAL PARITY LAW

As of December 2019, Michigan has not passed legislation regarding oral parity.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

Michigan HIV/AIDS Drug Assistance Program (MIDAP)

Phone: 1-888-826-6565

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

References:
4. 2019 Medicare+Choice (managed care options), Medigap insurance, and Medicaid long-term care insurance.
5. 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.
6. Medicare/Medicaid Assistance Program (MMAP)

Phone: 1-800-803-7174

OTHER

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, Clear Spring Health Value Rx, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, Journey Rx Standard, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Michigan HIV/AIDS Drug Assistance Program (MIDAP)

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

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

© Johnson & Johnson Health Care Systems Inc.        April 2020
ADDITIONAL PROGRAMS/RESOURCES

• 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-HealthSpring Rx Secure, Clear Spring Health Value Rx, Humana Basic Rx Plan, Journey Rx Standard, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

STEP THERAPY 2:

• Minnesota law provides some protection against non-medical switching. The state’s anti-switch law requires health plans to provide a step therapy override process in certain clinical situations. However, the law does not prohibit health plan companies from requiring enrollees to try another drug or pharmacological alternative. Health plans must grant a formulary exception when the healthcare provider prescribing the drug demonstrates that the prescription drug must be “dispensed as written to provide maximum medical benefits to the patient.” This provision is included in a section on protections for antipsychotic drugs, but appears to apply more broadly.

REFERENCES:

5. SHIP was formed in Minnesota in 1993 as a result of an initiative of the Centers for Medicare & Medicaid Services (CMS). A network of local programs that provide information, counseling, and assistance to all Medicare-eligible persons across the state.
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 Veterans Community Care Program. Click here for additional information.

References:
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.

To view a glossary of common healthcare terms, visit: [http://khn.org/glossary/](http://khn.org/glossary/)

**STANDARD PRIOR AUTHORIZATION (PA) FORM**

- As of December 2019, a standard PA form has not been instituted in the state of Missouri.

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

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

STEP THERAPY:
- Missouri requires health plans to establish a step therapy override process and grant an exception in certain circumstances. Additional documentation may be requested and the requested therapy must be on the formulary.

**LOW-INCOME SUBSIDY (LIS) PROGRAMS**

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

**ORAL PARITY LAW**

- 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.

**MEDICAID EXPANSION**

- As of September 2019, Missouri has not expanded Medicaid.

**BIOSIMILAR LAW**

- 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.

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

**PROGRAM NAME**: Community Leaders Assisting the Insured of Missouri (CLAIM)
- Phone: 1-800-390-3330 or 1-573-817-8320

**ABOUT**:CLAIM has been the official State Health Insurance Assistance Program (SHIP) for Missouri since 1993. It is a non-profit providing free, unbiased information about Medicare to Missourians. CLAIM also hosts “Welcome to Medicare” events.

**STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)**

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

**Missouri Rx Plan**
- Phone: 1-800-375-1406

**ADDITIONAL PROGRAMS/RESOURCES**

- Eligible veterans may be able to receive care from participating community providers through the Veteran Community Care Program. Click here for additional information.

**PROGRAM NAME**: ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory
- [http://adap.directory/directory](http://adap.directory/directory)

**PROGRAM NAME**: Missouri Rx Plan
- [http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx](http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx)

**PROGRAM NAME**: Cigna-HealthSpring Rx Secure, ClearSpring Health, Value Rx, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic
- [http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

**PROGRAM NAME**: ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory

**PROGRAM NAME**: FDA
- [http://www.fda.gov/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.fda.gov/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

**PROGRAM NAME**: Missouri Department of Health and Senior Services Through the HIV/AIDS Case Management Program
- [http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

**PROGRAM NAME**: ADAP Advocacy Association (AAA) AIDS Drug Assistance Programs (ADAP) Directory
- [http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)
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:

© Johnson & Johnson Health Care Systems Inc. April 2020 cp-71792v3
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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

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

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

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Nevada. 3

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- Nevada provides that a health insurance policy that covers prescription drugs must not limit or exclude coverage for a drug if it had previously been approved under certain circumstances. In addition, Nevada enacted a law that went into effect January 1, 2019, which prohibits an insurer from increasing co-payments to a higher cost tier from original 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. 4

ORAL PARITY LAW

- 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. 5

MEDICAID EXPANSION

- Because Nevada has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Nevada, click here. 6

BIOSIMILAR LAW

- 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. 7

ADDITIONAL PROGRAMS/RESOURCES

- To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

- PROGRAM NAME: State Health Insurance Assistance Program (SHIP)
- Phone: 1-800-307-4444 or 1-775-687-4210 (Carson City)
- ABOUT: SHIP provides information, counseling, and assistance to Medicare beneficiaries in Nevada, involving a statewide network of volunteers.

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

- Nevada AIDS Drug Assistance Program
- Phone: 1-775-684-5928

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:
ADDITIONAL PROGRAMS/RESOURCES

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, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, SilverScript Choice, and Wellcare Classic.

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.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

LEARN MORE

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

• 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:

• New Hampshire provides that health benefit plans may not require failure of the same drug more than once. Every health benefit plan that covers prescription drugs must allow a covered person to obtain an emergency prescription for up to 72 hours of a prescription drug on the covered person’s health benefit plan formulary in the event the plan requires prior authorization by an insurance carrier and the prior authorization has neither been approved nor denied and a pharmacist on the covered person’s health benefit plan formulary in the event the plan requires prior authorization by an insurance carrier and the prior authorization has neither been approved nor denied and a pharmacist

ORAL PARITY LAW

LEARN MORE

• New Hampshire limits the ability of an insurer to charge more for an oral chemotherapy drug that does 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.

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.

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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

LEARN MORE

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

ABOUT:
• ServiceLink Resource Centers have trained Medicare specialists and Medicare Learning Centers. Resource centers are located in every county in the state of New Hampshire.

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

LEARN MORE

NH CARE Program
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

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

References:
model=0%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Accessed January 10, 2020.
**New Jersey**

**LOW-INCOME SUBSIDY (LIS) PROGRAMS**

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

**STANDARD PRIOR AUTHORIZATION (PA) FORM**

- As of December 2019, a standard PA form has not been instituted in the state of New Jersey.²

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

**CONTINUITY OF CARE/NON-MEDICAL SWITCHING:**

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

**STEP THERAPY:**

- Healthcare plans must provide for an exceptions process for non-formulary medications that are deemed “medically necessary” according to specified criteria.

**ORAL PARITY LAW**

- 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.³

**MEDICAID EXPANSION**

- Because New Jersey has expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in New Jersey, click here.⁴

**BIOSIMILAR LAW**

- 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.²

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

**PROGRAM NAME**: State Health Improvement Plan (SHIP)

**Phone**: 1-800-792-8820

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

**STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)**

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

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

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

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

**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**

• 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-HealthSpring, Rx Secure, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

• 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.

• 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.

• 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.

New York

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of New York.2

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

- 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:

- 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

- 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.2

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.2

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

- 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.

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

- New York State Elderly Pharmaceutical Insurance Coverage (EPIC)
  Phone: 1-800-332-3742 or 1-518-459-1641 (out of state)

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

References:
5. HIV Uninsured Care Programs. Phone: 1-800-542-2437 or 1-518-459-1641 (out of state)
6. New York State Elderly Pharmaceutical Insurance Coverage (EPIC). Phone: 1-800-332-3742 or 1-518-459-1641 (out of state)
## North Carolina

### Low-Income Subsidy (LIS) Programs

- Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in North Carolina include: [AARP MedicareRx Saver Plus](https://www.aarp.org/health/medicare-insurance/prescription-drug-costs/info-2020/aarp-medicarerx-saver-plus.html), [Basic Blue Rx Standard](https://www.heathyspringrx.com/locations), [Cigna-HealthSpring Rx Secure](https://www.heathyspringrx.com/locations), [Clear Spring Health Value Rx](https://www.heathyspringrx.com/locations), [EnvisionRxPlus](https://www.envisionrxplus.com/locations), [Humana Basic Rx Plan](https://www.humana.com/medicare/medicare-benefits), [SilverScript Choice](https://www.silverscript.com/medicare), and [WellCare Medicare Rx Saver](https://www.wellcaremedicare.com).

### Oral Parity Law

- As of December 2019, North Carolina has not passed legislation regarding oral parity.2

### Medicaid Expansion

- As of September 2019, North Carolina has not expanded Medicaid.3

### Biosimilar Law

- 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.2

### State Health Insurance Assistance Programs (SHIPs)

- **Program Name**: The Senior’s Health Insurance Information Program (SHIIP)
  - Phone: 1-855-408-1212
- **About**: SHIIP counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplemental insurance, Medicare Advantage, Medicare Part D, and long-term care insurance. The counselors offer free information regarding Medicare healthcare products. Through the North Carolina Senior Medicare Patrol Program (SMP), counselors also assist in recognizing and preventing Medicare billing errors and possible fraud and abuse.

### State Pharmaceutical Assistance Programs (SPAPs)

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

## Treatment Access: Get on it and Stay on it

**Continuity of Care/Non-Medical Switching**: North Carolina law does not appear to include any specific continuity of care provisions or non-medical switching limitations for prescription drug coverage.

**Step Therapy**: North Carolina law does not appear to include any specific step therapy provisions. The state does provide that if an insurer maintains one or more “closed formulations,” it must establish and maintain an expeditious process or procedure that allows an enrollee or an enrollee’s physician to obtain, without penalty or additional cost-sharing, coverage for a specific non-formulary drug determined to be medically necessary and appropriate by the enrollee’s participating physician without prior approval from the insurer under certain circumstances.

### 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](https://www.va.gov/VetComp/). Click here for additional information.

---

North Dakota

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.

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of North Dakota.*

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:
- 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:
- The North Dakota Medicaid program must grant prior authorization requests under certain circumstances.

ORAL PARITY LAW

- 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.2

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.2

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

ABOUT:
- 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)

North Dakota Department of Health, HIV/AIDS Program
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

References:
ADDITIONAL PROGRAMS/RESOURCES

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: EnvisionRxPlus and WellCare Classic.

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.

TREATMENT ACCESS: GET ON IT AND STAY ON IT LEARN MORE

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

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

STEP THERAPY:

- Ohio imposes certain limitations on the use of step therapy, including that insurers who 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.

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.

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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs) LEARN MORE

PROGRAM NAME:
Ohio Senior Health Insurance Information Program (OSHIIP)
Phone: 1-800-686-1578

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs) LEARN MORE

Ohio HIV Drug Assistance Program
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

References:

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/
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:
Continuity of care

Medicare coverage plans in Oregon are required to adopt policies for step therapy. 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.

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.

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.

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.

Medicaid expansion

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

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-HealthSpring, Rx Secure, Clear Spring Health Value Rx, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

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.

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

References:
ADDITIONAL PROGRAMS/RESOURCES

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

• As of December 2019, a standard PA form has not been instituted in the state of Pennsylvania.²

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING³:

• 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 THERAPY⁴:

• 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, effective April 12, 2020, a health benefit plan that provides coverage to prescribed, orally administered anticancer medications at a cost no less favorable than the cost of intravenously administered or injected anti-cancer medications.²

ORAL PARITY LAW

• 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.²

MEDICAID EXPANSION

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

BIOSIMILAR LAW

• 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.²

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME⁵:
APPRISE Health Insurance Counseling Program
Phone: 1-800-783-7067

ABOUT⁶:
• APPRISE Health Insurance Counseling Program is a free health insurance counseling program designed to help older Pennsylvanians with Medicare.
• Counselors are specially trained volunteers who can answer questions about Medicare and provide objective, easy-to-understand information about Medicare, Medicare supplemental insurance, Medicaid, and long-term care insurance. All services are free and confidential. Counseling events take place throughout the state.

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Pennsylvania Special Pharmaceutical Benefits Program - HIV/AIDS⁷
Phone: 1-800-922-9384

Special Pharmaceutical Benefits Program - Mental Health⁸
Phone: 1-800-433-4459

Pharmaceutical Assistance Contract for the Elderly (PACE and PACENET)⁹
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:
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.

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

References:
1. 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-HealthSpring Rx Secure, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.
2. 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.
3. 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.
4. 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.
5. 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-HealthSpring Rx Secure, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

Rhode Island

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- As of December 2019, a standard PA form has not been instituted in the state of Rhode Island.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/ NON-MEDICAL Switching:
- Rhode Island requires that certain insurers notify plan enrollees of an upcoming formulary change.

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

ORAL PARITY LAW

- 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.

MEDICAID EXPANSION

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

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME:
Rhode Island Senior Health Insurance Program (SHIP)
Phone: 1-401-462-4444

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

AIDS Drug Assistance Program (ADAP)
Phone: 1-401-462-3294

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

ADDITONAL 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
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.

South Carolina AIDS Drug Assistance Program
Phone: 1-800-856-9954

As of December 2019, South Carolina has not expanded Medicaid.

Oral Parity Law

As of December 2019, South Carolina has not passed legislation regarding oral parity.

Medicaid Expansion

As of September 2019, South Carolina has not expanded Medicaid.

Biosimilar Law

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.

State Health Insurance Assistance Programs (SHIPs)

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

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

Low-Income Subsidy (LIS) Programs

Medicare patients who have limited income and resources may qualify for “Extra Help” to pay for prescription drugs. The LIS programs in South Carolina include: Cigna-HealthSpring Rx Secure, Clear Springs Health Value Rx, EnvisionRxSecure, SilverScript Choice, and WellCare Medicare Rx Saver.

South Carolina

As of December 2019, South Carolina has not expanded Medicaid.

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

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

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

References:

© Johnson & Johnson Health Care Systems Inc. April 2020 cp-71792v3
• 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 HealthSpring Rx Secure, Clear Spring Health Value Rx, Humana Basic Rx Plan, Journey Rx Standard, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

• As of December 2019, a standard PA form has not been instituted in the state of South Dakota. 2

• As of September 2019, South Dakota has not expanded Medicaid.3

• South Dakota does not appear to have any laws addressing non-medical switching or continuity of care for prescription drugs.

• As questions or concerns regarding affordability options resources, as well as state issues requiring legislative intervention, please visit the following pages within this document:
  - National Foundations
  - Advocacy Connector
  - Elected Officials


© Johnson & Johnson Health Care Systems Inc. April 2020 cp-71792v3
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.

To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

LEARN MORE
ADDITIONAL PROGRAMS/RESOURCES

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

- 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.

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

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

STEP THERAPY:

- Texas requires that a health benefit plan grant a step therapy exception for "Extra Help" to pay for prescription drugs. The LIS programs in Texas include: Cigna-HealthSpring Rx Secure, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.

ORAL PARITY LAW

- 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.

MEDICAID EXPANSION

- As of September 2019, Texas has not expanded Medicaid.

BIOSIMILAR LAW

- 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.

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME:

Health Information Counseling & Advocacy Program of Texas (HICAP)

ABOUT:

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

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)

Texas HIV Medication Program

Phone: 1-800-255-1090

Texas HIV State Pharmacy Assistance Program (SPAP)

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

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

References:

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.

• 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.2

• Utah law does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

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

• 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.3

• 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.2

• 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.

• 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.2

• Utah law does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

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

• 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.3

• 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.2

• 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.

• 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.2

• Utah law does not appear to have any continuity of care provisions or limitations on non-medical switching applicable to prescription drug coverage.

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

• 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.3

• 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.2

• 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.
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:
• 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 HealthSpring Rx Secure, Clear Spring Health Value Rx, EnvisionRxPlus, Humana Basic Rx Plan, SilverScript Choice, and WellCare Classic.¹

• 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.²

• Effective January 1, 2019, Virginia has expanded Medicaid to people with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. For more details on Medicaid expansion in Virginia, click here.³

• 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.²

• 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.²

• 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.²

• 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.

• 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.

To view a glossary of common healthcare terms, visit: [http://khn.org/glossary/](http://khn.org/glossary/)

---

**LOW-INCOME SUBSIDY (LIS) PROGRAMS**

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

---

**ORAL PARITY LAW**

- 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.2

---

**MEDICAID EXPANSION**

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

---

**BIOSIMILAR LAW**

- 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.2

---

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

- **Program Name**: Statewide Health Insurance Benefits Advisors (SHIBA)
  - Phone: 1-800-562-6900
  - **About**: SHIBA understands healthcare coverage and provides free, unbiased healthcare 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)**

- **Early Intervention Program**: Phone: 1-877-376-9316 (in Washington state) 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

---

For additional information, eligible veterans may be able to receive care from participating community providers through the Veteran Community Care Program. Click here for additional information.

---

References:
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.
ADDITIONAL PROGRAMS/RESOURCES

Wisconsin does not appear to have any provisions specifically relating to Step Therapy:

- As of December 2019, Wisconsin has not expanded Medicaid.

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.

Wisconsin includes: AARP® MedicareRx Saver Plus, Cigna-HealthSpring, Rx Secure, Clear Spring Health Value Rx, EnvisionRxPlus, Express Scripts Medicare - Value, Humana Basic Rx Plan, SilverScript Choice, WellCare Classic, and WellCare Medicare Rx Saver.

References:

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

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

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

**STATE PHARMACEUTICAL ASSISTANCE PROGRAMS (SPAPs)**

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

Wisconsin SeniorCare
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.

Wisconsin SeniorCare
Phone: 1-800-657-2038

For more information about medications and related issues or complexities, please visit the following website:
http://khn.org/glossary/
To view a glossary of common healthcare terms, visit: http://khn.org/glossary/

LEARN MORE

LOW-INCOME SUBSIDY (LIS) PROGRAMS

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

STANDARD PRIOR AUTHORIZATION (PA) FORM

• As of December 2019, a standard PA form has not been instituted in the state of Wyoming.2

TREATMENT ACCESS: GET ON IT AND STAY ON IT

CONTINUITY OF CARE/NON-MEDICAL SWITCHING:

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

STEP THERAPY:

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

ORAL PARITY LAW

• 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.2

BIOSIMILAR LAW

• 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.2

MEDICAID EXPANSION

• As of September 2019, Wyoming has not expanded Medicaid.2

STATE HEALTH INSURANCE ASSISTANCE PROGRAMS (SHIPs)

PROGRAM NAME4:
Wyoming State Health Insurance Information Program (WSHIIIP)
Phone: 1-800-856-4398

ABOUT4:
• WSHIIIP 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)

HIV Services Program5
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.
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.”

STATES WITH EXPANDED MEDICAID

The states colored in blue have expanded Medicaid.

KEY FACTS

• The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover adults under 65 years of age with incomes up to 133% of the Federal Poverty Level (FPL), which is effectively 138% of the FPL due to calculation method. Children (18 years of age and under) are eligible up to that income level or higher in all states.

• In states with expanded Medicaid, free or low-cost health coverage is available to people with incomes below a certain level regardless of other factors usually taken into account in Medicaid eligibility decisions.

SUPPORT IN STATES THAT HAVE EXPANDED

• Patients can qualify based on income alone in states that have expanded Medicaid. Patients earning below 133% of the FPL will likely qualify for coverage. (In 2020, the FPL is $12,760 a year as a single person or $26,200 for a family of four. Alaska and Hawaii use a different income limit.) Click here to learn more.

• Patients earning more than these amounts can buy a private insurance plan in the Marketplace, and/or may be eligible for tax credits that lower the cost of monthly premiums and out-of-pocket costs.

SUPPORT IN STATES THAT HAVEN’T EXPANDED

• Patients earning more than 100% of the FPL will be able to buy a private health insurance plan in the Marketplace and may qualify for premium tax credits and other savings based on household size and income.

• Patients earning less than 100% of the FPL won’t qualify for lower costs for private insurance based on income, but may be eligible for Medicaid, even without the expansion, based on the state’s existing rules.

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.
• SPAPs utilize state funds to pay for a portion of insurance costs, usually for a defined population that meets certain enrollment criteria.

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.
• 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.

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.

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

References:
Low-Income Subsidy (LIS) Eligibility

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

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

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

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

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

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

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

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

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

*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/Downloads/2020-PDP-Landscape-Source-Files-v-10-15-19.zip to see all plans available in your state.

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

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

**KEY FACTS**

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

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

**STATES WITH SHIP**

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

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

**KEY FACTS**

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

**LIMITATIONS**

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

**STATES WITH A STANDARD PA FORM**

The states colored in blue are the only states that have a standard PA form.1

---

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

KEY FACTS

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

FOUNDATIONS & FUNDS

The Assistance Fund 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.theassistancefund.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
- Website: www.cancercare.org

Good Days provides co-pay assistance to underinsured patients who require the use of expensive, specialty therapeutics. Good Days maintains separate funds for each of the disease states covered and all disease/drug options may not always be available. Each disease and the medications covered are defined using proprietary guidelines.

- 2611 Internet Blvd., Suite 105
- Frisco, TX 75034
- Phone: 1-877-968-7233
- Fax: 1-214-570-3621
- E-mail: info@mygooddays.org
- Website: www.mygooddays.org

HealthWell Foundation is a co-payment assistance foundation that provides financial assistance to eligible individuals to cover 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
- Website: www.healthwellfoundation.org

Click here for next page of Foundations & Other Non-profit Resources

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)

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
Email: [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](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.1
- Patients are often required to pay more under their insurance plans for oral chemotherapy than for physician-administered treatment.
- Health plans typically cover IV chemotherapy as a medical benefit2 with patients charged for treatment as part of an outpatient visit, usually requiring a flat co-payment that covers both the drug and the administration.3 Average costs for the patient are $20–$40 per visit.4
- Oral parity laws are designed to address this discrepancy, enabling patients and physicians to choose the most effective treatment option without regard to potential cost.
- Health plans typically cover oral chemotherapy under their pharmacy benefit.5

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.6

STATES WITH ORAL PARITY LAWS
All states colored in blue have passed oral parity laws.6

References:
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
Biosimilar Legislation

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

KEY FACTS

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

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

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

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

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

COMMON FEATURES OF STATE LEGISLATION 2013-2018

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

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

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

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

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

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

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

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

CURRENT STATE LAWS AND LEGISLATION

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

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

KEY FACTS

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

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

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

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

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

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

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

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

• U.S. REPRESENTATIVES:
  http://www.house.gov/representatives/

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

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

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

• If you are a veteran who is interested in receiving care through the Veteran Community Care Program:

• 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