

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS

*residency rules apply for all programs

*income limits may change for 2015, the incomes listed are annual income limits

State	Program Name	Income Requirements	Eligibility	Program Information	Contact Info
Colorado	Colorado Bridging the Gap	Under 400% Federal Poverty Level (FPL)	Must have HIV/AIDS; be enrolled in AIDS Drug Assistance Program (ADAP); be eligible for prescription drug coverage	Maximum premium assistance: \$80/month;	Colorado Department of Public Health and Environment: 303-692-2783; 303-692-2716
Connecticut	Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled Program (PACE)	Max income \$26,400 single and \$35,600 for a married couple	For people 65 and older or if disabled, must be 18 and over; cannot receive Medicaid benefits; cannot have other drug coverage	Annual enrollment fee of \$45 per person; Must sign up for Part D if eligible	800-423-5026; 860-269-2029
Delaware	Delaware Prescription Assistance Program (PDAP)	If you are elderly or receive SSDI benefits and have income over 200% of the FPL, you may still be eligible if you have drug costs that are over 40% of your yearly income.	Cannot be Medicaid eligible or have other drug coverage except for Medicare Part D; if under 65 must be eligible for disability; if on Medicare you must have Part D and a Low Income Subsidy (LIS), if eligible	Will provide up to \$3000 per year for medically necessary prescriptions, co-insurance of 25% of the cost of the drug or a \$5 co-payment	800-996-9969 x2
Delaware	Delaware Chronic Renal Disease Program	Under 300% of the FPL, resources not counted	Must be diagnosed with ESRD, be on dialysis, or have had a renal transplant; Medicare beneficiaries must have Part D and LIS if eligible	No funding cap	302-424-7180; 800-464-4357

Idaho	Idaho AIDS Drug Assistance Program (IDAGAP)	Must have income between 151% and 200% of the FPL; people who have incomes 150% of the FPL or below may qualify	Must be HIV positive; must be Medicare eligible; must be enrolled in Part D and not qualify for Medicaid or LIS; must participate in ID HIV Medical Case Management Program	Medicare Part D Prescription Drug Plan co-pays and out-of-pocket responsibilities during the coverage gap (donut-hole)	Department of Health and Welfare: 208-334-5943; 800-926-2588
Indiana	HoosierRx	Maximum income is \$17,745 single and \$23,835	Must be 65 or older; must have Part D and applied for LIS	Premium assistance up to \$70/month	866-267-4679; 317-234-1381
Massachusetts	Massachusetts Prescription Advantage	For people 65 and over: under 500% of the FPL with Medicare or no limit without Medicare; under 65: for individuals with disabilities; income up to 188% FPL; under 150% FPL must apply for LIS	Medicare eligible must be enrolled in a Part D plan, others must have creditable coverage to receive assistance	Assistance with co-payments is based on annual household income	800-243-4636 x2
Maryland	Maryland Senior Prescription Drug Assistance Program (SPDAP)	Income up to 300% of the FPL, and not eligible for Extra Help	Cannot have any other prescription drug coverage, cannot be eligible for full extra help (LIS)	Maximum premium assistance: \$40/month	800-551-5995
Maryland	Maryland Kidney Disease Program	N/A	Must be diagnosed with ESRD; receiving home dialysis or treatment in a certified dialysis or transplant facility	Annual participation fee based on income	410-767-5000; 800-226-2142
Maryland	Primary Adult Care Program (PAC)	Income below 116% of the FPL, approximately \$13,537 single or \$18,247 for two people	For people 19 and over, not on Medicare	Helps pay for a full range of pharmacy services	800-226-2142
Maine	Maine Low Cost Drugs for the Elderly or Disabled Program	Income up to 175% of the FPL	For people 62 and older, or for people with disabilities age 19 and older	If you spend 40% or more of household income on scripts, income limit increases	Office of Maine Care Services: 866-796-2463

Missouri	Missouri Rx Plan	Max income \$21,660 for singles and \$29,140 if married	Income only	Covers 50% of the out of pocket costs: deductible, copays, coverage gap, does not cover premiums	800-375-1406
Montana	Montana Big Sky Rx Program	Max income \$22,980 single or \$31,020 for a 2 person household; assets such as IRAs, Bonds, Stocks, Savings, etc. do not count as income	Must be a Medicare recipient; enrolled in Part D; applied for LIS if eligible	Helps pay for Medicare Part D premiums only	866-369-1233; 406-444-1233
Montana	Montana Mental Health Services Plan (MHSP)	Up to 150% of the FPL	Must be a person with a severe disabling mental illness; must have been denied Medicaid, eligible for Medicare and enrolled in Part D	Only adults are accepted at this time	406-444-3964; 800-866-0328
New Jersey	New Jersey Senior Gold Prescription Discount Program	Between \$26,130 and \$36,130 for single; between \$32,037 and \$42,037 if married	For people 65 and older or if disabled, must be 18 and over; Medicare eligible must be enrolled in Part D	Helps with deductibles, co-insurance, co-payments and the coverage gap, does not help pay for premiums	New Jersey Department of Health and Senior Services: 800-792-9745
New Jersey	New Jersey Pharmaceutical Assistance to the Aged and Disabled Program (PAAD)	Up to \$26,130 for single; up to \$32,037 if married	For people 65 and older, or if disabled, 18 and over; cannot have Medicaid or prescription coverage better than PAAD; if eligible, must be enrolled in Part D	Co-payments are \$5 for covered generics and \$7 for covered brand named drugs, also covers insulin and insulin supplies	PAAD-HAAD Department of Human Services: 800-792-9745
New Jersey	New Jersey Division of Medical Assistance and Health Services	For low to moderate incomes	Includes IMD excluded population, essential spouses, and residents of institutions and veteran's homes with Medicare-only, no Medicaid	Part D optional but strongly encouraged	800-356-1561

Nevada	Nevada Senior Rx Program	Max income \$27,701 for singles and \$36,927 if married	Cannot be Medicaid eligible; ages 18 through 61 with a verifiable disability or 62 and older; if eligible, must enroll in Part D	Provides assistance with Medicare Part D expenses for members who ARE eligible for Part D and a cost-sharing benefit for members who are not eligible for Part D	Department of Health and Human Services: 866-303-6323; 775-687-4210
Nevada	Nevada Disability Rx	Max income \$27,292 for singles and \$36,381 if married	Must be Medicaid eligible, cannot receive full Medicaid and Disability at the same time, ages 18 through 61 with a verifiable disability	Provides assistance with Medicare Part D expenses for members who ARE eligible for Part D and a cost-sharing benefit for members who are not eligible for Part D	Department of Health and Human Services: 866-303-6323; 775-687-4210
New York	New York State Elderly Pharmaceutical Insurance Coverage (EPIC)	Max income \$75,000 single/\$100,000 married	For people 65 and older; must be enrolled or eligible to enroll in Part D; cannot be receiving full Medicaid benefits	Plan fee of \$8-\$300/year based on income	EPIC: 800-332-3742
North Carolina	North Carolina HIV SPAP	Gross family income of 300% or below the FPL	Cannot have any third party coverage; must have at least one prescription on the ADAP formulary	Must have HIV; must be enrolled in Part D	877-466-2232; 919-733-7301
Pennsylvania	Pharmaceutical Assistance Contract for the Elderly (PACE)	Preceding year's income must be less than \$14,500 for singles and \$17,700 if married	For people 65 and older, cannot be enrolled in the Medicaid prescription benefit; must not be eligible for pharmaceutical benefits under medical assistance	Co-payments are \$6 for generic drugs and \$9 for brand name drugs	PACE/PACENET Program: 800-225-7223; 717-651-3600
Pennsylvania	Pennsylvania PACE Needs Enhancement Tier (PACENET)	Preceding year's income must be between \$14,501 and \$23,500 if single and between \$17,701 and \$31,500 if married	Cannot be enrolled in the Medicaid prescription drug benefit	If not enrolled in Part D, there will be a premium of \$35.50 per month	PACE/PACENET Program: 800-225-7223; 717-651-3600

Pennsylvania	Special Pharmaceutical Benefits Program - HIV/AIDS	Maximum income of \$37,642.90 for the first person plus \$13,345.20 for each additional family member for new enrollment; higher income limits for re-enrollment	Must be diagnosed with HIV/ AIDS; must be on at least one antiretroviral medication	Annual recertification required	Department of Public Welfare: 800-922-9384
Pennsylvania	Special Pharmaceutical Benefits Program - Mental Health	Maximum income of \$57,450 for the first person plus \$20,100 for each additional family member	Cannot be institutionalized; must have a medical need with a diagnosis of Schizophrenia	Real property is not counted as resources	Department of Public Welfare: 800-922-9384
Rhode Island	Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)	Maximum income below \$20,934 for singles and \$26,170 if married receive a 60% discount; income below \$26,279 for singles and \$32,851 if married receive a 30% discount; income below \$45,991 for singles and \$52,561 if married receive a 15% discount	For people 65 and older or adults on disability, cannot be Medicaid eligible; must be enrolled in Part D	Discounts on medications	Rhode Island Department of Elder Affairs: 401-462-0300; 401-462-0740
Texas	Texas Kidney Health Care Program (KHC)	Adjusted gross income (AGI) of less than \$60,000 per year	Must be diagnosed with End Stage Renal Disease (ESRD); must get regular dialysis treatments or received a kidney transplant; cannot be eligible for Medicaid	Helps beneficiaries with their dialysis treatments, access surgery, drugs, travel to health care visits, and Medicare premiums	Kidney Health Care Program: 800-222-3986; 512-776-7150
Texas	Texas HIV State Pharmacy Assistance Program (SPAP)	AGI less than 200% of the FPL and denied a full LIS or approved for the partial subsidy	Must be HIV positive; eligible for Medicare and otherwise uninsured; enrolled in Part D	Will assist with all of the out-of-pocket costs, including the deductible, copayments and the coverage gap, will not cover premiums	MSJA-MC: 800-255-1090 x3004

Virginia	Virginia HIV SPAP	Income must be under 400% of the FPL	Must be enrolled in Part D; must participate in the Virginia AIDS Drug Assistance Program	Medicare Part D monthly premiums paid, some clients get help with their medication co-payments, co-insurance, deductibles and costs during the coverage gap.	800-366-7741
Virgin Islands	U.S. Virgin Islands Senior Citizens Affairs Pharmaceutical Assistance Program	Income up to \$18,000 for singles and \$30,000 if married	For people 60 and over; if eligible, must be enrolled in Part D	Covers the deductible, co-payments, co-insurance, coverage gap and offers premium assistance; enrollment fee of \$5 renewable every five years	340-774-0930
Vermont	VPharm	3 Tiers available: Up to 150%, 175%, and 225% of the FPL	For people 65 or older and for those people with disabilities; cannot have other drug coverage except for Part D	Participant pays \$15, \$20, or \$50 premium depending on income level; participant has a \$1 or \$2 for co-payment for perscriptions	800-250-8427
Vermont	Vermont VPHARM	Income up to \$22,164 for singles and \$29,820 if married	For people 65 and older or for people receiving disability benefits and not eligible for Medicare; cannot have other prescription drug coverage except for Part D	Participant pays a \$20 premium and a \$1 or \$2 co-payment for prescriptions	802-879-5900; 800-250-8427
Washington	Washington State Health Insurance Pool	None given	Must have Medicare Parts A and B; must be declined for a Medicare supplemental, or not have comprehensive Medicare supplement coverage available; must not have access to a reasonable choice of Medicare Advantage Plans (Part C); if not eligible for Medicare, must be declined insurance coverage	This plan does not provide prescription drug coverage except supplemental benefits for medications covered under Medicare Part B	800-877-5187

Wisconsin	Wisconsin Chronic Renal Disease	None given	Must be diagnosed with End Stage Renal Disease (ESRD); must have Parts A, B and D; enrolled in Medicaid	Eligible for certain covered services related to the disease	Chronic Disease Program: 800-947-9627; 800-362-3002
Wisconsin	Wisconsin Cystic Fibrosis Program	None given	Must be diagnosed by the medical director of a cystic fibrosis treatment center as having cystic fibrosis; 18 years or older; enrolled in Medicaid	Eligible for certain covered services related to the disease	Chronic Disease Program: 800-947-9627; 800-362-3002
Wisconsin	Wisconsin Hemophilia Home Care	None given	Must Be diagnosed by a comprehensive hemophilia treatment center as having hemophilia; enrolled in Medicaid	Participants are eligible to receive services for blood derivatives and supplies necessary for home infusion; a \$10 co-payment will be applied to each prescription and blood product covered	Chronic Disease Program: 800-947-9627; 800-362-3002
Wisconsin	Wisconsin SeniorCare	Multiple tiers of income levels and coverage (See below)	For people 65 and older; not receiving the Medicaid prescription drug benefit	\$30 annual enrollment fee per person; only income is measured, no assets	800-657-2038
		Level 1: Income up to \$18,672 for singles and \$25,168 per couple		No deductible or spenddown; \$5 co-pay for each covered generic drug and a \$15 copay for each covered brand name drug	

		Level 2a: Income between \$18,673 and \$23,340 for singles and between \$25,169 and \$31,460 per couple		\$500 deductible per person; participant pays the SeniorCare rate for drugs until deductible met; after the deductible, participant pays a \$5 copay for generic drugs and a \$15 copay for brand name drugs	
		Level 2b: Income between \$23,341 and \$28,008 for singles and between \$31,461 and \$37,752 per couple		\$850 deductible per person; participant pays the SeniorCare rate for drugs until deductible met; after the deductible, participant pays a \$5 copay for generic drugs and \$15 for brand name drugs	

		Level 3: Income up to \$28,009 for singles and \$37,753 per couple		Pay retail price for drugs equal to the difference between income and \$27,577 per individual or \$37,225 per couple, this is called "spenddown"; covered drug costs for spenddown will be tracked, during this time, there is no discounts given on drug costs; after spenddown is met, meet an \$850 deductible per person; participant pays the SeniorCar rate for most covered drugs until deductible met; after the deductible is met, participant pays a \$5 co-payment for generic drugs and a \$15 co-payment for brand name drugs.	
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