



Pharmacist Authority to Provide Viral Hepatitis Prevention, Testing, and Treatment Services

Introduction

The viral hepatitis epidemic in the United States represents a significant public health challenge, particularly with hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infections. Once the virus is transmitted and a patient is infected, treatment costs become extensive, both for the patient and the health care system. Addressing the viral hepatitis epidemic will likely require expanding access to preventive and treatment services, particularly in communities facing systemic barriers to healthcare. Additionally, the integration of viral hepatitis services into more accessible locations that communities frequent and trust has been shown to further support interventionsⁱ. Pharmacies have the potential to play a greater role in viral hepatitis prevention and care and assist in bridging the gaps in healthcare.

Pharmacies represent a potential opportunity to provide low-barrier viral hepatitis care from trusted, community-based healthcare professionals. To address these barriers, meeting individuals where they are in their communities and offering more accessible means of receiving healthcare is critical.ⁱⁱ As a result, policies authorizing pharmacists to provide and bill for these services may create the potential to expand cost-effective and life-saving preventive services and treatments vital to communities most impacted by viral hepatitis.

Viral Hepatitis in the United States

Hepatitis A

The Centers for Disease Control and Prevention (CDC) has identified outbreaks of HAV in recent years. These outbreaks have primarily occurred among persons who use drugs and those experiencing homelessness, populations that also face increased risk of severe complications such as acute liver failure. During 2023, 1,648 HAV cases were reported to CDC by 49 states and the District of Columbia. These reported cases correspond to a rate of 0.5 cases per 100,000, which is a 28% decrease from 2022. The number of HAV cases reported in 2023 still remains 1.2 times higher as in 2015, prior to the start of widespread outbreaks.ⁱⁱⁱ Even though effective vaccines have greatly reduced transmissions, these outbreaks have highlighted ongoing gaps in vaccination coverage and public health infrastructure.

Hepatitis B

Approximately 660,000 persons are estimated to have HBV infection in the United States.^{iv} Despite a safe and effective hepatitis B vaccine that is recommended by the CDC for infants, children, and adults, HBV transmission rates remain high among some populations.^v In 2023, the rate of newly reported chronic HBV cases for non-Hispanic Asian and Pacific Islander (A/PI) individuals was 18.9 cases per 100,000 persons. Whereas the rate of non-Hispanic White individuals is 1.9 cases per 100,000 persons. The rate of newly reported chronic HBV cases among non-Hispanic A/PI individuals was 9.9 times the rate among non-Hispanic White populations.^{vi} The persistence of these population differences may indicate an opportunity to enhance vaccination, screening, and treatment access in highly impacted communities.

Hepatitis C

More than 2.4 million people are estimated to have HCV infection in the United States.^{vii} The CDC has reported 36.2 cases of chronic HCV per 100,000 population in 2023.^{viii} Chronic HCV infection can lead to severe liver disease, and even death, if untreated.^{ix} Racial differences in HCV-related outcomes are stark. During 2023, the rate of chronic HCV among non-Hispanic American Indian/Alaska Native (AI/AN) persons was 3.3 times the rate among non-Hispanic White persons. Furthermore, the rates of HCV-related deaths were 3.2 times as high among non-Hispanic AI/AN persons and 1.7 times higher in non-Hispanic Black persons, as compared to non-Hispanic White persons.^x Despite advances in antiviral treatments that can address barriers such as limited access to care, high treatment costs, and social stigma continue to hinder elimination efforts, HCV continues to disproportionately impact specific populations.^{xi}

Accessibility of Pharmacists

Limited access to primary care and specialized clinics poses a barrier to viral hepatitis prevention, screening, testing, and treatment, particularly in underserved communities. Pharmacies may offer an accessible option for many individuals, as 90% of Americans live within 5 miles of a pharmacy.^{xii} Unlike traditional healthcare settings, pharmacies often operate for extended hours – some even 24 hours a day – and enable patients to receive certain patient care services without needing an appointment.^{xiii} This convenience may be especially important for individuals with professional or familial obligations that limit their ability to visit a primary care provider during standard business hours. However, barriers such as workflow constraints and variations in resources still exist within some pharmacy settings.^{xiv} Despite these challenges, pharmacists can play a role in connecting patients to care by facilitating referrals and linkage to care, serving as a warm handoff to additional healthcare services.

Pharmacies also operate in a variety of settings – each offering unique opportunities to expand viral hepatitis care. Community pharmacies, such as large chain and independent neighborhood pharmacies, are often the most accessible points of healthcare, particularly in rural and medically underserved regions.^{xv} Hospital and clinical pharmacies, though not always as geographically accessible as their community pharmacy counterparts, serve patients by collaborating closely with healthcare professionals to provide medication therapy management.^{xvi}

Pharmacies may also operate within Federal Qualified Health Centers (FQHC), playing a role in providing comprehensive care to underserved populations. For example, a pharmacist-led initiative operating within an FQHC in Honolulu, Hawai'i has successfully implemented viral hepatitis prevention and treatment services.^{xvii}

Given their accessible hours and settings, trust within communities,^{xviii} and ability to provide healthcare services, pharmacists are well-positioned to potentially play a greater role in viral hepatitis prevention, screening, and treatment. Policies that authorize pharmacists to provide services may help to increase healthcare access and ensure that individuals at risk of viral hepatitis have paths to care.^{xix}

Pharmacist Scope of Practice

Pharmacist scope of practice refers to the roles, responsibilities, and boundaries of practice set out by law and policy. While pharmacists dispense medications and counsel patients on medication use, in many settings, they may also conduct screening tests and provide immunizations.^{xx}

Administering Hepatitis A and Hepatitis B Vaccines to Adults

CDC recommends hepatitis A vaccination in people at increased risk for both HAV infection and for severe disease from HAV infection, people who are unvaccinated and exposed to HAV, and any person who requests a vaccination.^{xxi} Hepatitis B vaccination is recommended for all adults aged 19-59 years and adults aged 60 and older with risk factors.^{xxii} Availability of testing is not a requirement for vaccination, especially in populations that are difficult to reach.

Pharmacists in the United States have varying authority to prescribe and administer hepatitis A and hepatitis B vaccinations, depending on state laws and regulations. In all states, pharmacists are permitted to administer hepatitis A and hepatitis B vaccinations, but whether a prescription from a primary care provider is needed varies greatly.^{xxiii}

In states where pharmacists are authorized to prescribe and administer vaccines, this is often done through statewide protocols¹ or statewide standing orders², which enable pharmacists to prescribe and administer vaccines under specific conditions. Other states have sought a more permanent solution through passing laws that explicitly expand pharmacists' scope of practice to include the independent prescription and administration of hepatitis A and hepatitis B vaccinations.

The ability of pharmacists to independently provide hepatitis A and hepatitis B vaccinations may be important in ending the viral hepatitis epidemic. Community pharmacists were essential in providing vaccinations prior to the COVID-19 pandemic.^{xxiv} During the pandemic, they administered vaccines at higher rates than other healthcare professionals, highlighting their accessibility, particularly in rural and

¹ A statewide protocol is when the State Board of Pharmacy establishes guidelines that a pharmacist must follow to independently distribute a specified drug. A statewide protocol is non-patient specific, meaning it grants pharmacists the authority to independently distribute specified drug/s to anyone within a certain population [Scope of Practice; APHA](#)

² A statewide standing order is when a state government official, often the State Health Director with a Doctor of Medicine (MD), issues written authorization for a specified drug that any pharmacist licensed to practice in the state may utilize. A statewide standing order is also non-patient specific. [Scope of Practice; APHA](#)

underserved communities.^{xxv} By increasing access to hepatitis A and hepatitis B vaccines, pharmacists can play a key role in preventing the spread of viral hepatitis – reducing the burden on the healthcare system and moving closer to the goal of eliminating viral hepatitis as a public health threat.

Out of all 50 states, Puerto Rico, and the District of Columbia, only 21 jurisdictions permit pharmacists to independently prescribe and administer viral hepatitis vaccinations. The majority of states require pharmacists to either have a prescription directly from a primary care provider or to work under a protocol or collaborative practice agreement.^{xxvi} For a comprehensive review of each state’s statutory and regulatory authority surrounding pharmacist administration of vaccinations, see the appendix Table 1 – which outlines whether pharmacists may administer hepatitis A and hepatitis B vaccinations, if administering those vaccinations requires a prescription from a primary care provider, and whether there are patient age limitations.

Testing for Hepatitis C

CDC recommends universal HCV screening for adults and pregnant women in every pregnancy and more frequent testing for certain high risk groups.^{xxvii} Laboratory tests used for the diagnosis, prevention, or management of diseases are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Any facility performing such tests must obtain CLIA certification by registering with the federal Centers for Medicare and Medicaid Services (CMS).^{xxviii} CLIA-waived tests are simple tests with a low risk for an incorrect result. These tests include those that the Food and Drug Administration (FDA) has cleared for home use and tests approved for waiver under CLIA.^{xxix}

Pharmacies may expand access to low-barrier, same-day HCV testing through the use of CLIA-waived tests. Detecting HCV antibodies is the first step in the HCV testing sequence^{xxx}, and pharmacists who obtain a Certificate of Waiver can conduct this screening using a CLIA-waived rapid HCV test.^{xxxi} A newly FDA-approved point-of-care HCV RNA test, which is also CLIA-waived, allows pharmacists to complete the two-step HCV testing sequence³ in a single visit.^{xxxii} This practice allows for individuals who test positive for HCV RNA to be immediately linked to treatment.

Currently, only 12 jurisdictions – out of all 50 states, the District of Columbia, and Puerto Rico – allow pharmacists to independently perform rapid HCV tests. In all other jurisdictions, pharmacists must operate under collaborative practice agreements or protocols to perform such testing. For a detailed overview of each jurisdiction’s legislative authority, see the appendix Table 2 – which examines whether pharmacists can perform rapid HCV tests and any limitations or requirements associated with testing.

³ Note: Point of care testing for anti-HCV is not approved for use in pregnant women or individuals less than 15 years of age ([OraSure Technologies](#)). Point of care testing for HCV RNA is not approved for use in pregnant women or individuals less than 22 years of age ([Cepheid Innovation, 2024](#)).

Collaborative Practice Agreements

Another mechanism used to provide pharmacist with authority is a collaborative practice agreement (CPA). A CPA establishes a formal relationship between a primary care provider (PCP) and pharmacist whereby the PCP's supervision enables the pharmacist to broaden their scope of practice. Pharmacists must be authorized to engage in a CPA by statute or regulation. The purpose of a CPA is to explicitly define the patient care services a pharmacist may provide under certain situations and conditions.^{xxxiii} Each PCP/pharmacist relationship requires a unique CPA that can delegate patient care service(s) within the PCP's scope of practice to the pharmacist.^{xxxiv} CPAs can be patient-specific or non-patient specific, as dictated by statute or regulation.^{xxxv} A patient-specific CPA is when a PCP grants a pharmacist the authority to provide healthcare services to a single specified patient, while a non-patient specific CPA applies to anyone within a certain population.

A successful example of integrating CPAs into pharmacist-led viral hepatitis services can be seen in the state of Washington. At Kelley-Ross Pharmacy in Seattle, pharmacists utilize CPAs to conduct HCV screenings and prescribe and manage direct-acting antivirals (DAAs) for HCV treatment without requiring patients to visit a primary care provider.^{xxxvi} This model has effectively expanded access to care, particularly among people experiencing homelessness and people who use drugs.^{xxxvii} By implementing pharmacy-led HCV treatment in a low-barrier setting, patients who might not otherwise receive care have been able to access curative treatment – demonstrating the potential of pharmacists to bridge gaps in viral hepatitis prevention and care.

For viral hepatitis services, CPAs may offer a potential way to expand a pharmacist's scope of practice to authorize pharmacists to order and interpret laboratory test results and administer vaccinations, including tests for viral hepatitis, without a prescription. Overall, CPAs offer an option in situations where pharmacists would be otherwise restricted from independently providing comprehensive viral hepatitis care.

Nearly all jurisdictions, 49 out of 52, permit pharmacists to establish CPAs. Of these jurisdictions, 34 permit pharmacists to enter into non-patient-specific CPAs, enabling them to provide essential healthcare services to all community members. While all of the jurisdictions where a CPA is legally permitted allow pharmacists to order laboratory tests, the number of jurisdictions allowing pharmacists to interpret laboratory tests results and provide a diagnosis drops significantly – with only 32 out of the 49 jurisdictions granting this authority. If more jurisdictions move to grant broader statutory authority to pharmacists, CPAs can be leveraged by pharmacists in their communities to increase access to viral hepatitis services. For a comprehensive review of each jurisdiction's legal framework for pharmacists' ability to enter into CPAs, see the appendix Table 4, which outlines whether CPAs may be non-patient specific, if pharmacists may use them to order laboratory tests, and whether pharmacists may utilize such laboratory test results to diagnose patients.

Reimbursement for Pharmacist Clinical Services

Pharmacists may have authority through their scope of practice or a collaborative agreement, but billing can still be a barrier to the provision of services. Reimbursing pharmacists for the provision of clinical services, including the ordering and interpreting of viral hepatitis laboratory or CLIA-waived tests and prescribing and administering of viral hepatitis vaccines, is a potential concern when expanding pharmacist-provided viral hepatitis prevention, testing, and treatment services. Currently, pharmacists are not recognized as healthcare providers under federal law, which means they are not automatically eligible for reimbursement for clinical services. As a result, statutorily mandated reimbursement is contingent on states passing legislation explicitly requiring insurers, including state Medicaid programs, to reimburse pharmacists for their clinical services to ensure they are compensated for their work.^{xxxviii}

Medication therapy management (MTM), which encompasses activities such as optimizing treatment plans and monitoring therapeutic outcomes, is one example of how pharmacists can support the provision of viral hepatitis care.^{xxxix} Through MTM, pharmacists can assist in managing direct-acting antiviral therapies and ensuring patient adherence – further expanding their role in HCV treatment.^{xl} However, as with other clinical services, a lack of uniform reimbursement policies for MTM remains a barrier to broadening the number of pharmacists in viral hepatitis care.

Medicaid and most private insurance providers may cover viral hepatitis prevention, testing, and treatment services, but insurers are not always required to do so when these services are initiated by pharmacists. For example, a state might authorize pharmacists to prescribe viral hepatitis vaccines or order viral hepatitis-related laboratory or CLIA-waived tests but fail to outline how they should be reimbursed for these services.^{xli} Without the ability to be properly reimbursed, pharmacists have little incentive to offer these services, even if authorized to perform them by law. To address this issue, states should consider establishing legislation explicitly requiring insurers to reimburse pharmacists for the provision of clinical services –preferably requiring equitable reimbursement rates between pharmacists and primary care providers.^{xlii} As it stands, this gap in reimbursement policy persists as a barrier to accessible viral hepatitis care, and states should consider addressing this issue to facilitate the broader distribution of viral hepatitis prevention and treatment services.

Out of the 52 jurisdictions analyzed, only 27 require state Medicaid to reimburse pharmacists for the provision of clinical services. Without the assurance that they will be reimbursed, pharmacists have no financial incentive to implement viral hepatitis prevention, screening, and treatment services into their scope of work. For a breakdown of each jurisdiction’s statutory and regulatory authority concerning pharmacist reimbursement, see the appendix Table 5, which highlights whether a state’s Medicaid is required to reimburse pharmacists for the provision of clinical services and whether the scope of reimbursable services has any limitations.

Prior Authorization Requirements for Hepatitis C Treatment

DAAs have transformed the HCV treatment landscape, offering cure rates for approximately 95% of infections within just 8-12 weeks.^{xliii} However, less than half of the estimated population with chronic HCV have initiated DAA treatment.^{xliv} Coverage for HCV treatment often requires prior authorization to determine if the patient qualifies for payment coverage. Prior authorization is a health plan cost-control process that requires health care professionals to obtain advance approval from a health plan before a specific service or medication is considered qualified for payment coverage.^{xlv} Insurers may impose further restrictions on HCV treatment such as requiring evidence of liver damage or sobriety from alcohol and drugs for a set period of time, creating access barriers that disproportionately affect certain groups.^{xlvi} This process often results in significant delays in starting treatment, which can lead to disease progression and increased risk of complications. Furthermore, the administrative burden of navigating the prior authorization process also falls heavily on healthcare providers, contributing to frustration and potential burnout.^{xlvii}

Prior authorization requirements for DAAs create significant challenges for patients with HCV and healthcare providers, delaying treatment and complicating access to life-saving medication. While cost containment is the primary justification insurers claim for these requirements, the public health benefits of curing HCV infection outweigh such financial considerations.^{xlviii} In order to increase HCV treatment uptake and decrease both the public health and financial strain of the HCV epidemic, states may consider taking up or continuing legislative efforts to reduce or eliminate the barrier of prior authorization requirements for DAAs.

Out of all 50 states, the District of Columbia, and Puerto Rico, 25 jurisdictions require prior authorization for HCV DAA medications under Medicaid, creating a significant barrier to timely and efficient treatment. For a thorough analysis of each jurisdiction's legislative mandates on prior authorization requirements, see the appendix Table 3, which highlights where these policies apply and their impact on HCV treatment access.

Conclusion

Increased access to viral hepatitis prevention, screening, testing, and treatment services is important to ending the viral hepatitis epidemic in the United States.^{xlix} The large proportion of people with undiagnosed and untreated HBV and HCV indicates a need for innovative, community-based solutions beyond traditional healthcare settings. Given their accessibility, community pharmacies are well-positioned to provide essential healthcare services and break down barriers to viral hepatitis care. As pharmacies become more central to public health initiatives, it may become important for legal, educational, and financial frameworks to adapt to support pharmacists.¹

Granting pharmacists the authority to independently prescribe and administer hepatitis A and hepatitis B vaccinations may support efforts to prevent viral hepatitis transmission. HCV diagnosis and linkage to care may also be supported by models where pharmacists can perform CLIA-waived rapid HCV antibody

and RNA point of care tests. In the absence of laws authorizing independent provision of care, CPAs can serve as an alternative for pharmacists seeking to provide viral hepatitis prevention and treatment services. Further, the ability to prescribe and manage DAAs for HCV treatment, without the added burden of prior authorization requirements, may also facilitate increased access to treatment regardless of provider type.

To advance viral hepatitis elimination goals, state policymakers may consider pursuing legislative reforms that enhance pharmacists' ability to provide comprehensive services. Establishing the necessary legal authority for pharmacist-provided viral hepatitis services may be an important strategy when seeking to increase access to services with the goal of ending the viral hepatitis epidemic.

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Table 1. Authority to Administer Hepatitis A and Hepatitis B Vaccines⁴

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Alabama	Code of Ala. § 34-23-1; Ala. Admin. Code 680-X-2-.14.	Yes	No	No
Alaska	Alaska Stat. Ann. § 08.80.168	Yes	Yes	No
Arizona	Ariz. Rev. Stat. Ann. § 32-1974.	Yes	Yes	Yes. The patient must be 6 years or older. (Pharmacists may administer HAV and HBV vaccines to patients under the age of 6 pursuant to a prescription.)
Arkansas	Ark. Code Ann. § 17-92-101.	Yes	Yes	Yes. The patient must be 3 years or older.
California	Cal. Bus. & Prof. Code § 4052.8.	Yes	Yes	Yes. The patient must be 3 years or older. (Pharmacists may administer HAV and HBV vaccines to patients under the age of 3 pursuant to a prescription.)
Colorado	Colo. Rev. Stat. § 12-280-103; 3	Yes	No	No

⁴ **Viral Hepatitis Vaccines:** This section addresses the legal authority for a pharmacist to administer HAV and HBV vaccines and examines 1) whether a prescription is required and 2) whether there are patient age requirements.

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
	Colo. Code Regs. § 719-1:19.00.00			
Connecticut	Conn. Gen. Stat. Ann. § 20-633.	Yes	No	Yes. The patient must be 12 years or older. (Patients under the age of 18 must either have parental consent or be an emancipated minor.)
Delaware	Del. Code Ann. tit. 24, § 2502; Code Del. Regs. 2500-14.0.	Yes	No	No. The patient must be eligible to receive an adult dose, however.
D.C.	D.C. Mun. Regs. tit. 17, § 6512.	Yes	No	Yes. The patient must be 12 years or older. (Patients under the age of 18 must have parental consent.)
Florida	Fla. Stat. Ann. § 465.189.	Yes	Yes	Yes. The patient must be 18 years or older.

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Georgia	Ga. Code Ann. § 43-34-26.1; Ga. Comp. R. & Regs. 360-34-.03	Yes	No	Yes. The patient must be 18 years or older.
Hawaii	Haw. Rev. Stat. Ann. § 461-1; Haw. Rev. Stat. Ann. § 461-11.4	Yes	No	Yes. The patient must be 14 years or older.
Idaho	Idaho Code Ann. § 54-1705; Idaho Admin. Code r. 24.36.01.350.	Yes	Yes	No
Illinois	225 Ill. Comp. Stat. Ann. 85/3; Ill. Admin. Code tit. 68, § 1330.50.	Yes	No	Yes. The patient must be 7 years or older.
Indiana	Ind. Code Ann. § 16-19-4-11; Vaccine Statewide Protocol	Yes	Yes	Yes. The patient must be 11 years or older.
Iowa	Iowa Code Ann. § 155A.46; Vaccine Statewide Protocol	Yes	Yes	Yes. The patient must be 18 years or older. (Pharmacists may administer HAV and HBV vaccines to patients under the age of 18 pursuant to a prescription.)

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Kansas	Kan. Stat. Ann. § 65-1635a; Vaccine Statewide Protocol	Yes	Yes	Yes. The patient must be 12 years or older.
Kentucky	Ky. Rev. Stat. Ann. § 315.010.	Yes	No	Yes. The patient must be 9 years or older.
Louisiana	La. Stat. Ann. § 37:1218.1.	Yes	Yes	Yes. The patient must be 17 years or older.
Maine	Me. Rev. Stat. tit. 32, § 13831.	Yes	No	Yes. The patient must be 3 years or older.
Maryland	Md. Code Ann., Health Occ. § 12-508.	Yes	No	Yes. The patient must be 7 years or older.
Massachusetts	105 Mass. Code Regs. 700.004; MDPH Vaccine List	Yes	No	Yes. The patient must be 5 years or older.
Michigan	Mich. Comp. Laws Ann. § 333.17724.	Yes	Yes	Yes. The patient must be 3 years or older.

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Minnesota	Minn. Stat. Ann. § 151.01.	Yes	Yes. (Effective 1/1/25; Prior to this date, a pharmacist must have a prescription from or be operating under a protocol with a primary care provider to administer the HAV and HBV vaccines.)	Yes. The patient must be 6 years or older.
Mississippi	Miss. Code Ann. § 73-21-73; 30 Code Miss. R. Pt. 3001.	Yes	No	No
Missouri	Mo. Ann. Stat. § 338.010; Mo. Code Regs. Ann. tit. 20, § 2220-6.050.	Yes	Yes	Yes. The patient must be 7 years or older.
Montana	Mont. Code Ann. § 37-7-105; Mont. Admin. R. 24.174.503.	Yes	No	Yes. The patient must be 7 years or older.
Nebraska	Neb. Rev. Stat. Ann. § 38-2831.	Yes	No	No

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Nevada	Nev. Admin. Code 639.2971; Nev. Admin. Code 639.2973.	Yes	No	No
New Hampshire	N.H. Rev. Stat. Ann. § 318:16-b.	Yes	Yes	Yes. The patient must be 18 years or older.
New Jersey	N.J. Admin. Code § 13:39-4.21.	Yes	No	Yes. The patient must be 18 years or older.
New Mexico	N.M. Admin. Code 16.19.26.9; Vaccine Statewide Protocol .	Yes	Yes	No
New York	New York State Health Department Policy on Immunizing Pharmacists .	Yes	No	Yes. The patient must be 18 years or older.
North Carolina	N.C. Gen. Stat. Ann. § 90-85.15B; 21 N.C. Admin. Code 46.2507; 21 N.C. Admin. Code 32U.0101.	Yes	No	Yes. The patient must be 18 years or older.
North Dakota	N.D. Cent. Code Ann. § 43-15-10; N.D. Admin. Code 61-04-14-02; Vaccine Statewide Protocol	Yes	Yes	Yes. The patient must be 3 years or older.

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Ohio	Ohio Admin. Code 4729:1-3-02	Yes	No	Yes. The patient must be 13 years or older.
Oklahoma	Okla. Stat. Ann. tit. 59, § 353.30; Okla. Admin. Code 535:10-11.	Yes	No	No
Oregon	Or. Admin. R. 855-115-0330; HAV Vaccine Statewide Protocol	Yes	Yes	Yes. The patient must be 7 years or older.
Pennsylvania	49 Pa. Code § 27.403.	Yes	No	Yes. The patient must be 18 years or older
Puerto Rico	20 L.P.R.A. § 407b.	Yes	No	No
Rhode Island	216 R.I. Code R. 40-15-1.11.	Yes	No	Yes. The patient must be 18 years or older.
South Carolina	S.C. Code Ann. § 40-43-190; Vaccine Statewide Protocol.	Yes	Yes	Yes. The patient must be 18 years or older. (Pharmacists may administer HAV and HBV vaccines to patients under the age of 18 pursuant to a prescription.)
South Dakota	S.D. Admin. R. 20:51:28:01.01.	Yes	No	No
Tennessee	Tenn. Comp. R. & Regs. 1140-03-.17.	Yes	No	No

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Texas	Tex. Occ. Code Ann. § 551.003; 22 Tex. Admin. Code § 295.15.	Yes	No	Yes. The patient must be 14 years or older.
Utah	Utah Code Ann. § 58-17b-620; Vaccine Statewide Protocol	Yes	No	No
Vermont	Vt. Stat. Ann. tit. 26, § 2023; Vaccine Statewide Protocol .	Yes	Yes	Yes. The patient must be 18 years or older.
Virginia	Va. Code Ann. § 54.1-3303.1; Vaccine Statewide Protocol .	Yes	Yes	Yes. The patient must be 3 years or older.
Washington	Wash. Rev. Code Ann. § 18.64.011.	Yes	No	No
West Virginia	W. Va. Code Ann. § 30-5-7; W. Va. Code R.15-12-5.	Yes	Yes	Yes. The patient must be 3 years or older. (Patients between the ages 3-17 must have informed parental consent. A minor without parental consent may only receive the HAV vaccine pursuant to a practitioner's prescription.)

State	Authority	Can pharmacists administer HAV and HBV vaccines?	Can pharmacists administer HAV and HBV vaccines without a prescription from a primary care provider (PCP)?	Are there patient age requirements?
Wisconsin	Wis. Stat. Ann. § 450.035.	Yes	No	Yes. The patient must be 6 years or older.
Wyoming	Wyo. Stat. Ann. § 33-24-157; Wyo. Admin. Code 059.0001.18 § 3.	Yes	Yes	Yes. The patient must be 7 years or older. All patients under the age of 18 must have parental consent.

Table 2. Authority to Perform Tests including Rapid Hepatitis C Tests⁵

State	Authority	Can pharmacists perform rapid HCV tests?	Limitations to Performing Tests or Requirements for Pharmacists
Alabama	CLIA-Waived Tests: AL Provider Standards	Yes	Pharmacy must submit the CMS 116 Form and apply for approval by the Alabama Department of Public Health.
Alaska	Alaska Stat. Ann. § 08.80.337	Yes	None
Arizona	N/A	No	N/A
Arkansas	N/A	No	N/A
California	Ann.Cal.Bus. & Prof.Code § 1206.6 ; Ann.Ca.Bus & Prof Code § 1209	No. A pharmacist may only administer a rapid HCV test if they are a pharmacist-in-charge of a pharmacy serving as the director of a laboratory.	N/A
Colorado	Colo. Rev. Stat. § 12-280-103. Colorado Pharmacists Billing Service Manual	No	N/A
Connecticut	N/A	No	N/A
Delaware	Delaware Del. Code tit. 24, § 2502	Yes	N/A

⁵ **Rapid HCV Tests:** This section addresses the legal authority for a pharmacist to administer Rapid HCV Tests, which are classified as CLIA-waived tests, and under what circumstances pharmacists may do so.

State	Authority	Can pharmacists perform rapid HCV tests?	Limitations to Performing Tests or Requirements for Pharmacists
D.C.	D.C. Code § 3-1201.02	Yes	None
Florida	Florida Fla. Stat. § 465.1895	No	N/A
Georgia	GA Code § 26-4-4	Yes	The pharmacist must report test results to the patient's primary care provider.
Hawaii	Hawaii Haw. Code R. § 461-1	No	N/A
Idaho	Idaho Code § 54-1704	Yes	None
Illinois	Illinois 225 Ill. Comp. Stat. § 85/3	No	N/A
Indiana	N/A	No	N/A
Iowa	Iowa Code section 155A.46	No	N/A
Kansas	N/A	No	N/A
Kentucky	N/A	No	N/A
Louisiana	N/A	No	N/A
Maine	N/A	No	N/A
Maryland	MD ADC 10.10.03.02	No	N/A
Massachusetts	N/A	No	N/A
Michigan	N/A	No	N/A
Minnesota	Minn. Stat. Ann. § 151.01(subd. 27)	Yes	None

State	Authority	Can pharmacists perform rapid HCV tests?	Limitations to Performing Tests or Requirements for Pharmacists
Mississippi	N/A	No	N/A
Missouri	N/A	No	N/A
Montana	N/A	No	N/A
Nebraska	N/A	No	N/A
Nevada	N/A	No	N/A
New Hampshire	N/A	No	N/A
New Jersey	N.J. Stat. Ann. 45:14-41	No	N/A
New Mexico	N/A	No	N/A
New York	N/A	No	N/A
North Carolina	N/A	No	N/A
North Dakota	N.D. Admin. Code 61-04-10-06.	Yes	No

State	Authority	Can pharmacists perform rapid HCV tests?	Limitations to Performing Tests or Requirements for Pharmacists
Ohio	Ohio. Admin. Code 4729:1-3-01	Yes	The pharmacist must meet the following requirements: (1) The pharmacy or facility is certified by HHS as a clinical laboratory through the CLIA; (2) The pharmacy or facility has obtained a CLIA certificate of waiver from HHS; and (3) The responsible person of the terminal distributor of dangerous drugs and the terminal distributor of dangerous drugs ensures and documents that all pharmacists conducting CLIA-waived tests pursuant to this rule receive appropriate training to conduct testing in a safe and effective manner.
Oklahoma	N/A	No	N/A
Oregon	O.R.S. § 689.661	Yes	None
Pennsylvania	63 P.S. § 390-9.5	No	N/A
Puerto Rico	N/A	No	N/A

State	Authority	Can pharmacists perform rapid HCV tests?	Limitations to Performing Tests or Requirements for Pharmacists
Rhode Island	5 R.I. Gen. Laws. Ann. § 5-19.1-2.	Yes	None
South Carolina	N/A	No	N/A
South Dakota	N/A	No	N/A
Tennessee	T. C. A. § 63-10-204(39)(B).	No	N/A
Texas	N/A	No	N/A
Utah	U.A.C. R156-17b-611	No	N/A
Vermont	N/A	No	N/A
Virginia	N/A	No	N/A
Washington	N/A	No	N/A
West Virginia	N/A	No	N/A
Wisconsin	N/A	No	N/A
Wyoming	Wyo. Admin. Code 059.0001.20 § 4	Yes	None

Table 3. Prior Authorization for Hepatitis C Direct-Acting Antiviral Medication⁶

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
Alabama	Alabama Medicaid, Hepatitis C Antiviral Agents PA Request Form (Oct. 1, 2022).	Yes	Prior authorization is required for all HCV direct-acting antiviral medications.
Alaska	Alaska Department of Health and Social Services, Alaska Medicaid Prior Authorization Clinical Criteria for Use (May 5, 2022).	No	Prior authorization is not required for preferred HCV treatment.
Arizona	AHCCCS Acute – Long Term Care Drug List (Jan. 31, 2024).	No	Prior authorization not required for initial treatment with preferred regimens.
Arkansas	Arkansas Medicaid Prescription Drug Program, Hepatitis C Virus (HCV) Medication Therapy Request Sheet (Nov. 16, 2023).	Yes	Prior authorization is required for all HCV treatment regimens.
California	California Department of Health Care Services, Medi-Cal Rx Contract Drugs List (Feb. 1, 2024).	No	Prior authorization is not required for preferred HCV treatment.

⁶ **Prior Authorization for HCV Direct-Acting Antiviral Medication:** This section addresses whether states' Medicaid programs require prior authorization for the dispensing of DAAs and whether prior authorization applies to specific DAA medications.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
Colorado	Colorado Department of Health Care Policy and Financing, Preferred Drug List (Jan. 1 2024). Elevate Medicaid Choice, Formulary & Pharmaceutical Management Procedures (2023).	No	Prior authorization is not required for preferred HCV treatment regimens prescribed for initial treatment. Prescriptions may be written and filled for up to a 90-day supply. Elevate Medicaid Choice does not require prior authorization for Epclusa, Harvoni, ledipasvir/sofosbuvir, and sofosbuvir/velpatasvir.
Connecticut	Connecticut Medicaid, Prior Authorization Required from DSS.	No	Prior authorization is not required for preferred HCV treatment.
Delaware	Delaware Medicaid, Delaware Medicaid Preferred Drug List (Dec. 13, 2023).	No	Prior authorization is not required for preferred HCV treatment.
D.C.	DC Department of Health Care Finance, Revision of Hepatitis C Treatment Coverage Policy (August 24, 2022).	No	Prior authorization is not required for preferred HCV treatment.
Florida	Agency for Health Care Administration (AHCA), Florida Medicaid	Yes. However, certain HCV medications for certain patients may be eligible for a pharmacy claim process under Florida Medicaid called “Automated Prior Authorization.”	Patients over the age of three and whose diagnosis of HCV was made within the last 12 months are eligible for

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
	Preferred Drug list (Oct. 1, 2023) AHCA Automated Prior Authorizations and Bypass Lists (Dec. 2023) . AHCA, Hepatitis C Direct Acting Antivirals (DAA), Prior Authorization Criteria (Mar. 13, 2023) .		<p>automated prior authorization for Mavyret and sofosbuvir/velpatasvir.</p> <p>According to the Agency for Health Care Administration's description of the Automated Prior Authorization process, "If all requirements are found, the claims will pay at the pharmacy counter without need of manual prior authorization submission."</p>
Georgia	Georgia Medicaid, Hepatitis C Agents Prior Authorization Summary (Feb. 2, 2023) .	Yes	Prior authorization is required for all HCV medications.
Hawaii	Hawaii DHS, Memorandum: DAA Medications for Treatment of Chronic Hepatitis C Infection (Dec. 30, 2022) .	No	Prior authorization is not required for HCV treatments that follow the AASLD-IDSA HCV Guidance.
Idaho	Idaho Medicaid, Prior Authorization Form	No	Prior authorization is not required for preferred HCV treatment.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
	Treatment of Hepatitis C Virus (Jul. 1, 2023).		
Illinois	Illinois HFS, Medicaid Preferred Drug List (Jan. 1, 2024). Illinois HFS, Provider Notice: Hepatitis C Drug Prior Authorization Removal Effective July 1, 2023 (06/02/2023).	No	Prior authorization is not required for preferred HCV treatment.
Indiana	Indiana Medicaid Statewide Uniform Preferred Drug List (Feb. 2024).	No	Prior authorization is not required for treatment naïve patients seeking preferred HCV treatment regimens.
Iowa	Iowa Department of Human Services, Iowa Medicaid Drug Prior Authorization Criteria (Jan. 1, 2024).	Yes	Prior authorization is required for all HCV treatment.
Kansas	Kansas Department of Health and Environment, Preferred Drug List and Prior Authorization Updates (Dec. 2023).	No	Prior authorization is not required for preferred HCV treatment.
Kentucky	Kentucky Medicaid, Single PDL Prior	Yes	Prior authorization is required for all HCV treatment.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
	Authorization Criteria (Feb. 9, 2024).		
Louisiana	Louisiana Medicaid, Hepatitis C Direct Acting Antiviral Criteria (Apr. 2022).	No	Prior authorization is not required for preferred HCV treatment.
Maine	Maine Medicaid, Hepatitis C Treatment Prior Authorization Form (Dec. 2023).	Yes	Prior authorization is required for all HCV treatment.
Maryland	Maryland Department of Health Hepatitis C Prior Authorization Form (Nov. 20, 2021).	Yes	Prior authorization is required for all HCV treatment.
Massachusetts	MassHealth Preferred Drug List (Jan. 2, 2024). MassHealth Medicaid, Introduction to MassHealth Drug List (last updated January 30, 2023). MassHealth Preferred Drug List, Therapeutic Class Tables, Table 44: Hepatitis Antiviral Agents (April 2023).	Yes. However, certain patients seeking certain medications may circumnavigate the prior authorization process due to MassHealth's use of pharmacy claims technical software, called Smart PA.	Patients over the age of three who 1) have not received prior HCV treatment coverage under MassHealth, 2) have no paid MassHealth claims suggestive of decompensated cirrhosis in all claims history, and 3) have no history of paid MassHealth claims in the past 90 days for a drug that may lower DAA efficacy may be eligible

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
			for bypassing the prior authorization process for preferred HCV treatment.
Michigan	Michigan Medicaid Preferred Drug List (Feb. 1, 2024).	No	Prior authorization is not required for the preferred HCV treatment, Mavyret.
Minnesota	Minnesota Department of Human Services Hepatitis C Clinical Criteria (Jan. 2021).	Yes	Prior authorization is required for all HCV treatment.
Mississippi	Mississippi Division of Medicaid Universal Preferred Drug List (Feb. 1, 2024).	Yes	Prior authorization is required for all HCV treatment.
Missouri	Missouri Medicaid, Preferred Drug List (June 1, 2023).	No	Prior authorization is not required for the preferred HCV treatment, Mavyret.
Montana	Montana Medicaid Preferred Drug List (Nov. 22, 2023).	Yes	Prior authorization is required for the preferred HCV treatment, Mavyret.
Nebraska	Nebraska Medicaid, Hepatitis C Request for	Yes	Prior authorization is required for all HCV treatment regimens.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
	Prior Authorization (Jan. 2024).		
Nevada	Nevada Preferred Drug List Information (Dec. 28, 2023).	Yes	Prior authorization is required for all HCV treatment regimens.
New Hampshire	New Hampshire Medicaid, Hepatitis C Criteria (Jun. 29, 2023).	No	Prior authorization is not required for treatment naïve patients seeking a preferred HCV treatment.
New Jersey	New Jersey Division of Medical Assistance and Health Services, DURB Meeting Summary (Jul. 14, 2021).	Yes	Prior authorization is required for all HCV treatment regimens.
New Mexico	New Mexico Managed Care Policy Manual: Treatment Guidance for Chronic HCV Infection (Jul. 1, 2024).	No	Prior authorization is required for the preferred HCV treatment, Mavyret. Prior authorization is also not required for Epclusa.
New York	New York State Medicaid, Preferred Drug Program (Jan. 18, 2024).	No	Prior authorization is not required for treatment naïve patients with a confirmed HCV diagnosis

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
			seeking a preferred HCV treatment.
North Carolina	North Carolina Medicaid and Health Choice Preferred Drug List (Jan. 5, 2024).	No	Prior authorization is not required for Mavyret and sofosbuvir/velpatasvir.
North Dakota	ND Department of Health & Human Services, Pharmacy Drug Coverage Policy Manual (Jan. 1, 2024).	Yes	Prior authorization is required for all HCV treatment regimens.
Ohio	Ohio Medicaid, Prior Authorization Hepatitis C Treatment (Apr. 18, 2023).	Yes	Prior authorization is required for all HCV treatment regimens.
Oklahoma	Oklahoma Health Care Authority, Hepatitis Disorders: Hepatitis C Criteria (Jul. 28, 2022).	No	Prior authorization is not required for the preferred HCV treatment, Mavyret.
Oregon	Oregon Health Authority, Oregon FFS Enforceable Physical Health Preferred Drug List (Jan. 1, 2024). Oregon Health Authority, Prior	No	Prior authorization is not required for treatment-naïve patients seeking preferred HCV treatment.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
	Authorization Criteria (Jan. 1, 2024).		
Pennsylvania	Pennsylvania Department of Human Services, Medical Assistance Bulletin (Jul. 10, 2023).	No	Prior authorization is not required for preferred HCV treatment.
Puerto Rico	ASES, Glecaprevir and Pibrentasvir (Mavyret) Clinical Criteria (Jun. 2023).	Yes	Prior authorization is required for preferred HCV treatment.
Rhode Island	RI HHS, Treatment of Hepatitis C Prior Authorization Guidelines (Jan. 1, 2022).	No	Prior authorization is required for the preferred HCV treatment, Mavyret.
South Carolina	South Carolina Medicaid, Preferred Drug List (Jan. 1, 2024).	Yes	Prior authorization is required for all HCV treatment regimens.
South Dakota	South Dakota DSS, Hepatitis C Prior Authorization Request Form (Apr. 2023). See also Optum Rx, Prior Authorization, https://perma.cc/6L98-F7QL .	Yes	Prior authorization is required for all DAA HCV treatment regimens.

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
Tennessee	TennCare, Preferred Drug List (Jan. 2024).	Yes	Prior authorization is required for all DAA HCV treatment regimens.
Texas	Texas HHS, Preferred Drug List (Jan. 2024). See also Texas HHS, Changes in Hepatitis C Treatment Coverage for Medicaid Clients Begins Jan. 1 (Dec. 20, 2022), https://perma.cc/XCK7-LRE4 .	No	Prior authorization is required for the preferred HCV treatment, Mavyret.
Utah	Utah Department of Health & Human Services, Preferred Drug List (Jan. 2024).	Yes	Prior authorization is required for all HCV treatment regimens.
Vermont	Department of Vermont Health Access, Preferred Drug List and Drugs Requiring Prior Authorization (Jan. 1, 2024).	Yes	Prior authorization is required for all HCV treatment regimens.
Virginia	Virginia Medicaid, Preferred Drug List (Jan. 1, 2024).	No	Prior authorization not required for preferred HCV treatment. However, prescriptions filled without prior authorization are limited

State	Authority	Does state Medicaid require prior authorization for HCV direct-acting antiviral medications?	Limitations to the Specific Method of HCV Treatment
			to “3 one-month fills (total 84-day supply).”
Washington	Washington State Health Care Authority, Antivirals – Hepatitis C Treatment (Jan. 4, 2023).	No	Prior authorization is not required for the preferred HCV treatment, Mavyret.
West Virginia	West Virginia Medicaid, Hepatitis C: Criteria for Approval (Aug.3, 2023).	Yes	Prior authorization is required for all HCV treatment.
Wisconsin	Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List – Quick Reference (Jan. 15, 2024).	No	Prior authorization is not required for preferred HCV treatment.
Wyoming	Wyoming Medicaid, Preferred Drug List (Feb. 7, 2024).	Yes	Prior authorization is required for all HCV treatment regimens.

Table 4. Collaborative Practice Agreements⁷

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
Alabama	Ala. Code § 34-23-77; Ala. Admin. Code 680-X-2-.44	Yes	Yes	Yes. The pharmacist may order laboratory tests if the authority to do so is outlined within the CPA that has been approved by both the Board of Pharmacy and the Board of Medical Examiners.	No. The pharmacist may not provide diagnostic services. Services provided by the pharmacist must only be pursuant to a diagnosis made and documented by the collaborating primary care provider.
Alaska	Alaska Admin. Code tit. 12, § 52.240	Yes	No	Yes. The pharmacist may order laboratory tests if the authority to do so had been outlined in the CPA approved by the Board of Pharmacy.	Yes. The pharmacists may interpret laboratory test results if the authority to do so had been outlined in the CPA approved by the Board of Pharmacy.
Arizona	Ariz. Rev. Stat. Ann. § 32-1970	Yes	No	Yes. The pharmacist	No

⁷ **Collaborative Practice Agreements:** This section addresses the legal authority for pharmacists to participate in CPAs and examines whether 1) a CPA may non-patient specific; 2) pharmacists may order laboratory tests under a CPA; and 3) pharmacists may interpret laboratory test results under a CPA.

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	
Arkansas	Ark. Code Ann. § 17-92-101(17)(A)(i)(e), (ix)(a)	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
California	Cal. Bus. & Prof. Code § 4052(a)(13)	Yes	No	Yes. However, the pharmacist is limited to ordering laboratory tests for the purpose of monitoring the efficacy and toxicity of drug therapies.	Yes. However, the pharmacist is limited to interpreting laboratory test results for the purpose of monitoring the efficacy and toxicity of drug therapies.

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
Colorado	Colo. Rev. Stat. Ann. § 12-280-601, 602	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Connecticut	Conn. Gen. Stat. Ann. § 20-631	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No
Delaware	Del. Code Ann. Tit. 24, § 250	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
D.C.	D.C. Mun. Regs. tit. 17, § 10001 and D.C. Code Ann. § 3-1202.08(h)(1)	Yes	No	Yes. However, the pharmacist is limited to only ordering laboratory tests directly related drug therapy management as outlined by the CPA.	No
Florida	Fla. Stat. Ann. § 465.1865; Fla. Admin. Code Ann. r. 64B16-31.001; Fla. Admin. Code Ann. r. 64B16-31.003; Fla. Admin. Code Ann. r. 64B16-31.005; Fla. Admin. Code Ann. r. 64B16-31.007; and Fla. Admin. Code Ann. r. 64B16-31.009	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Georgia	Ga. Code Ann. § 43-34-24; Ga. Code Ann. § 26-4-50; and Ga. Comp. R. & Regs. 480-35-.02 through .07	Yes	Yes	Yes. However, the pharmacist may only order laboratory	No. The pharmacist must instead record the laboratory test results for the primary care

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				tests directly related to drug therapy management as outlined by the CPA.	provider's review.
Hawaii	Haw. Rev. Stat. Ann. § 461-1	Yes	No	Yes. However, the pharmacist may only order laboratory tests directly related to drug therapy management as outlined by the CPA. A pharmacist may also conduct CLIA-waived tests under the CPA.	No. The pharmacist may not interpret laboratory test results. For CLIA-waived tests, the pharmacist must report the results to the patient's primary care provider.
Idaho	Idaho Admin. Code r. 24.36.01.351	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				authority to do so.	
Illinois	225 Ill. Comp. Stat. Ann. 85/43.5	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Indiana	Ind. Code Ann. § 25-26-13-2; Ind. Code Ann. § 25-26-16-4.5; and Ind. Code Ann. § 155A.48	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Iowa	Iowa Code Ann. § 155A.48 ; IAC 657—39.13(155A)	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				authority to do so.	authority to do so.
Kansas	Kan. Stat. Ann. § 65-1626a and Kan. Admin. Regs. 68-7-22	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No. The pharmacist may not provide diagnostic services. Services provided by the pharmacist must only be made pursuant to a diagnosis made by the collaborating primary care provider.
Kentucky	Ky. Rev. Stat. Ann. § 315.010(5) and 201 Ky. Admin. Regs. 2:220	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No. The pharmacist must instead record the laboratory test results for the primary care provider's review.
Louisiana	La. Admin Code. tit. 46, Pt LIII, § 523	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses	No

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				the pharmacist's authority to do so.	
Maine	Me. Rev. Stat. tit. 32, § 13843 and Code Me. R. tit. 02-392 Ch. 39-A, § 3	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No
Maryland	Md. Code Ann., Health-Gen. § 19-713.6 and Md. Code Regs. 10.34.29.03 through .07	Yes	It depends. A general CPA does not need to be patient-specific. However, a CPA specifically concerned with drug therapy management must be patient-specific.	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No
Massachusetts	Mass. Gen. Laws Ann. ch. 112, § 24B ½; Mass. Gen.	Yes	Yes	Yes. The pharmacist may order laboratory	No

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Laws Ann. ch. 112, § 24B ¾; and 247 Mass. Code Regs. 16.02 through .04			tests if the CPA specifically addresses the pharmacist's authority to do so.	
Michigan	N/A	No	N/A	N/A	N/A
Minnesota	Minn. Stat. Ann. § 151.01(subd. 27)	Yes	No	Yes. However, the laboratory tests specified in the CPA must be CLIA-waived tests.	Yes. However, the laboratory tests specified in the CPA must be CLIA-waived tests.
Mississippi	30 Code Miss. R. Pt. 2630, R. 2.3 and 30 Code Miss. R. Pt. 2630, R. 2.4	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Missouri	Mo. Ann. Stat. § 338.010;	Yes	Yes	Yes. The pharmacist may order laboratory	Yes. The pharmacist may interpret laboratory test

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Mo. Code Regs. Tit. 20 § 2150-5.024 ; Mo. Code Regs. Ann. tit. 20, § 2150-5.028 ; and Mo. Code Regs. Ann. tit. 20, § 2150-5.029			tests if the CPA specifically addresses the pharmacist's authority to do so.	results if the CPA specifically addresses the pharmacist's authority to do so.
Montana	Mont. Admin. R. 24.174.524	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Nebraska	Neb. Rev. Stat. Ann. § 38-2867.03	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Nevada	Nev. Rev. Stat. Ann. § 639.2623 and	Yes	Yes	Yes. The pharmacist may order	Yes. The pharmacist may interpret

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Nev. Rev. Stat. Ann. § 639.2627			laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
New Hampshire	N.H. Rev. Stat. Ann. § 318:16-a; N.H. Code Admin. R. Ph 1103.01; N.H. Code Admin. R. Ph 1104.01; and N.H. Code Admin. R. Ph 1105.01—.03	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
New Jersey	N.J. Admin. Code § 13:39-13.3—.5	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so. The pharmacist may also perform CLIA-waived	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so. However, interpretation of laboratory test results must be made in direct consultation with the

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
				tests under the CPA.	collaborating primary care provider.
New Mexico	N.M. Stat. Ann. § 61-11B-3; N.M. Admin. Code 16.19.4.7; and N.M. Admin. Code 16.19.4.17	Yes	No	Yes. However, the pharmacist must be a registered pharmacist clinician and is limited to ordering laboratory tests for the purpose of monitoring the efficacy of drug therapies.	No
New York	N.Y. Educ. Law § 6801-a and N.Y. Comp. Codes R. & Regs. tit. 8, § 63.10	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
North Carolina	N.C. Gen. Stat. Ann. § 90-85.3A;	Yes	Yes	Yes. The pharmacist may order laboratory	No

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	N.C. Gen. Stat. Ann. § 90-18(c)(3a); N.C. Gen. Stat. Ann. § 90-18.4; and 21 N.C. Admin. Code 46.3101			tests if the CPA specifically addresses the pharmacist's authority to do so.	
North Dakota	N.D. Cent. Code Ann. § 43-15-31.4	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Ohio	Ohio Rev. Code Ann. § 4729.01; Ohio Rev. Code Ann. § 4729.39; and Ohio Admin. Code 4729:1-6-01 – 03	Yes	No	Yes. However, all laboratory tests ordered must be related to the drug therapy managed pursuant to the CPA.	Yes. However, all laboratory tests ordered must be related to the drug therapy managed pursuant to the CPA.
Oklahoma	Okla. Stat. Ann. tit. 59, § 353.30 and Okla. Admin.	Yes	No	Yes. The pharmacist may order laboratory	Yes. The pharmacist may interpret laboratory test

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Code 535:10-9-5			tests if the CPA specifically addresses the pharmacist's authority to do so.	results if the CPA specifically addresses the pharmacist's authority to do so.
Oregon	Or. Rev. Stat. Ann. § 689.655; Or. Admin. R. 847-015-0040; Or. Admin. R. 855-006-0005(10); and Or. Admin. R. 855-115-0320	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Pennsylvania	49 Code § 27.302 ; 63 Pa. Stat. Ann. §390-2(14) ; 63 Pa. Stat. Ann. § 390-9.1; and 63 Pa. Stat. Ann. § 390-9.3	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	No
Puerto Rico	N/A	No	N/A	N/A	N/A
Rhode Island	5 R.I. Gen. Laws Ann. § 5-19.2-2,	Yes	No	Yes. However, all	Yes. However, all laboratory tests

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	3 and R.I. Code R. 40-15-1.13			laboratory tests ordered must be related to the drug therapy being managed pursuant to the CPA.	ordered must be related to the drug therapy being managed pursuant to the CPA, and the pharmacist may only interpret laboratory test results that do not include any diagnostic component.
South Carolina	N/A	No	N/A	N/A	N/A
South Dakota	S.D. Codified Laws § 36-11-19.1(6)	Yes	No	Yes. The pharmacist may order laboratory tests if it is for the purpose of initiating or modifying drug therapy, and the CPA specifically addresses the pharmacist's authority to do so.	No
Tennessee	Tenn. Code Ann. § 63-10-204(5) ;	Yes	No	Yes. The pharmacist may order laboratory	No. The pharmacist may not provide diagnostic

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Tenn. Code Ann. § 63-10-217; Tenn. Comp. R. & Regs. 1140-15-.04; and Tenn. Comp. R. & Regs. 1140-03-.17			tests if the CPA specifically addresses the pharmacist's authority to do so.	services. Services provided by the pharmacist must only be pursuant to a diagnosis made by the collaborating primary care provider.
Texas	Tex. Occ. Code Ann. § 554.005 and 22 Tex. Admin. Code § 295.13	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Utah	Utah Code Ann. § 58-17b-102; Utah Code Ann. § 58-17b-601; and Utah Admin. Code r. R156-17b-611	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Vermont	Vt. Stat. Ann. tit. 26, § 2022(15)(B)(iii);	Yes	No	Yes. The pharmacist may order	Yes. The pharmacist may interpret

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	Vt. Stat. Ann. tit. 26, § 2023; Vt. Admin. Code 20-4-26:1; and Vt. Admin. Code 20-4-1400:1.10(a)(8)			laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Virginia	Va. Code Ann. § 54.1-3300; Va. Code Ann. § 54.1-3300.1; and 18 Va. Admin. Code 110-40-10 — 70	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Washington	Wash. Rev. Code Ann. § 18.64.011(28) and Wash. Admin. Code 246-945-350	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
West Virginia	W. Va. Code Ann. § 30-5-18;	Yes	No	Yes. The pharmacist may order	Yes. The pharmacist may interpret

State	Authority	Do pharmacists have the legal authority to enter into a CPA with a PCP?	Does the CPA have to be patient-specific?	Can the pharmacist order laboratory tests under the CPA?	Can the pharmacist interpret laboratory test results and diagnose patients under the CPA?
	W. Va. Code Ann. § 30-5-19; W. Va. Code R. 11-8-3; W. Va. Code R. 11-8-4; and W. Va. Code R. 11-8-5			laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Wisconsin	Wis. Stat. Ann. § 450.033; Wis. Stat. Ann. § 49.46(2)(bh); and Wis. Admin. Code § 7.12	Yes	No	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.
Wyoming	Wyo. Stat. Ann. § 33-24-101(b)(iii)	Yes	Yes	Yes. The pharmacist may order laboratory tests if the CPA specifically addresses the pharmacist's authority to do so.	Yes. The pharmacist may interpret laboratory test results if the CPA specifically addresses the pharmacist's authority to do so.

Table 5. Pharmacist Reimbursement for Clinical Services⁸

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Alabama	Ala. Admin. Code 560-X-16-.06	Yes	Medicaid may reimburse for professional services provided by licensed pharmacists. Professional services may include vaccine administration, medication maintenance therapy adherence and other clinical services as designated by the Agency.
Alaska	Alaska Stat. Ann. § 21.07.250	Yes	Pharmacists are legally recognized as providers.
Arizona	N/A	No	N/A
Arkansas	N/A	No	N/A
California	Medi-Cal Pharmacy Services, (updated 2021), available at https://files.medi-cal.ca.gov/pubsdo-co/publications/masters-mtp/part2/pharm-serv.pdf	Yes	Required reimbursement is limited to furnishing naloxone; self-administered hormonal contraception; initiating and administering immunization; furnishing nicotine replacement therapy; furnishing HIV pre-exposure and post-exposure prophylaxis; and furnishing travel medications.
Colorado	Colorado Medicaid Provider Manual, Pharmacy Services, https://hcpf.colorado.gov/pharm-serv	Yes	Reimbursement is limited to “medically necessary” services provided by a pharmacist.
Connecticut	N/A	No	N/A

⁸ **Reimbursement for Clinical Services:** This section addresses whether states’ Medicaid programs are legally required to reimburse pharmacists for the provision of clinical services and whether reimbursement is limited to specific clinical services.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Delaware	N/A	No	N/A
D.C.	N/A	No	N/A
Florida	N/A	No	N/A
Georgia	N/A	No	N/A
Hawaii	Hawaii Medicaid Provider Manual, available at https://humanservices.hawaii.gov/wp-content/uploads/2022/07/Attachment-4-Rev.-9.2021-4.19-Bje07.13.22.pdf	Yes	Reimbursement applies to “other licensed provider services” provided by a licensed pharmacist.
Idaho	Idaho Medicaid Provider Manual, available at https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf	Yes	Reimbursement applies to “medical services” provided by licensed pharmacist.
Illinois	N/A	No	N/A
Indiana	Ind. Code Ann. § 12-15-1.3-6.5	Yes	Reimbursement is limited to provision of birth control without a prescription from a primary care provider.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Iowa	Iowa Medicaid Provider Manual, https://hhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/medicaid-pharmaceutical-care-management	Yes	Reimbursement is limited to pharmaceutical care management services for complex patients.
Kansas	N/A	No	N/A
Kentucky	N/A	No	N/A
Louisiana	PHARMACY.pdf (lamedicaid.com)	Yes	Reimbursement is limited to administering immunizations and family planning items/services.
Maine	N/A	No	N/A
Maryland	Professional Services Provider Manual 2022 web.pdf (maryland.gov) PBM PORTAL (mdhrxprograms.com) (see Provider Manual link on this page – downloads a Word document)	Yes	N/A

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Massachusetts	Microsoft Word - PHM Regs.docx (mass.gov) MassHealth-Pharmacy-Covered-Professional-Services-List (conduent.com)	Yes	The MassHealth Pharmacy Covered Professional Services List specifies certain services that may be provided by a pharmacy provider and payable through the Pharmacy Online Processing System (POPS). Services include the administration of numerous vaccines, including influenza, COVID-19, viral hepatitis A and B, HPV, and many others.
Michigan	Payment Rates for MTM Services .pdf (michigan.gov) MedicaidProvider Manual.pdf (state.mi.us)	Yes	Reimbursement applies to the provision of medication therapy management services.
Minnesota	Pharmacy Services (state.mn.us) Sec. 256B.0625 MN Statutes Medication Therapy Management Services (MTMS) (state.mn.us)	Yes	Reimbursement applies to providing family planning services and supplies, administering vaccines, and providing medication therapy management services.
Mississippi	Administrative Code (ms.gov)	Yes	Pharmacists can be reimbursed for disease state management services, including patient evaluation and education, and drug therapy review.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Missouri	Pharmacy Manual (momed.com)	Yes	Pharmacists can be reimbursed for participating in the MTM program, administering vaccines, and providing diabetes self-management training. However, MO pharmacy providers can no longer bill for long-acting reversible contraceptives (e.g., implants, IUDs).
Montana	N/A	No	N/A
Nebraska	N/A	No	N/A
Nevada	Pharmacists can bill Medicaid (nv.gov)	Yes	Reimbursable services include testing for HCV and HBV.
New Hampshire	N/A	No	N/A
New Jersey	N/A	No	N/A
New Mexico	SUPPLEMENT-22-03-PHARMACEUTICAL-SERVICE-REIMBURSEMENT-PARITY-FINAL.pdf (state.nm.us)	Yes	N/A
New York	N/A	No	N/A
North Carolina	N/A	No	N/A
North Dakota	Pharmacy Medical Billing Manual 05.01.2023.pdf (nd.gov)	Yes	Pharmacists are reimbursable for tobacco cessation counseling, immunizations, and medication therapy management services.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Ohio	OPA Provider Status (ohiopharmacists.org)	Yes	Pharmacists are legally recognized as providers. Pharmacists enrolled with UHC Medicaid will be reimbursed for the time spent managing chronic conditions, conducting transitions of care visits, and interprofessional consults with other healthcare providers. The following services are reimbursable: adherence checks, medication reconciliations, new medication counseling, disease state management, and transitions of care management.
Oklahoma	N/A	No	N/A
Oregon	Pharmacist fee-for-service community pharmacist professional billing.pdf (oregon.gov)	Yes	Pharmacists are reimbursable for prescribing hormonal contraception, prescribing smoking cessation products, initiating vaccination, administering immunizations, providing MTM, and preventive medicine counseling.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Pennsylvania	https://www.paco.deandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol54/54-6/163.html https://cdn.ymaws.com/www.papharmacists.com/resource/collection/FB3AF15C-9D41-4BE7-A630-C195968ED1BF/MAB2024021301_P_harmacist_Billing.pdf	Yes	Pharmacists enrolled in PA Medical Assistance/Medicaid are legally recognized as providers.
Puerto Rico	N/A	No	N/A
Rhode Island	N/A	No	N/A
South Carolina	N/A	No	N/A
South Dakota	N/A	No	N/A
Tennessee	Medication Therapy Management Program (tn.gov)	Yes	TN has a medication therapy management program that allows pharmacists to provide various clinical services. The program authorizes qualified Tennessee-licensed pharmacists to provide medication therapy management services to eligible TennCare members under a CPA with TennCare Patient Centered Medical Homes (PCMH) and Health Link. MTM services include, but are not limited to, medication review, consultations, immunizations, and health and wellness programs.

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Texas	N/A	No	N/A
Utah	Medication Therapy Management Services - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare	Yes	Medicaid-enrolled pharmacists in an outpatient setting are eligible for reimbursement for providing MTM services.
Vermont	Vermont Medicaid Provider Manual Provider Manual_0.pdf (vermont.gov)	Yes	Pharmacies can be reimbursed for ACIP recommended vaccines and immunizations (cost of the vaccine plus the administration fee). Pharmacists can also conduct and be reimbursed for medically necessary Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings/services with prior authorization.
Virginia	Chapter-4 Covered Services and Limitations (Pharmacy).pdf (virginia.gov) Pharmacy Chapter 5 (updated 2.13.23) Final.pdf (virginia.gov)	Yes	Reimbursement is limited to providing the influenza vaccine, birth control pills, other family planning devices (e.g., condoms), and nutritional supplements.

State	Authority	<i>Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?</i>	<i>Application to specific services</i>
Washington	WAC 182-530-7250 ; WAC 182-531-0100 ; WAC 182-531-0250 ; WAC 182-502-0002	Yes	Reimbursable services include –but are not limited to – vaccines, HIV/AIDS counseling/testing (WAC 182-531-0600), tobacco/nicotine cessation counseling (WAC 182-531-1720), and reproductive health services (including OTC and emergency contraception).
West Virginia	N/A	No	N/A

State	Authority	Is there a law or regulation requiring Medicaid reimbursement for pharmacist-provided clinical services?	Application to specific services
Wisconsin	Online Handbook Display (wi.gov)	Yes	<p>Pharmacists can be reimbursed for providing MTM services. The MTM benefit consists of Comprehensive Medication Review and Assessment services, which are private consultations between a pharmacist and a member to review the member's drug regimen.</p> <p>Wisconsin Medicaid fee-for-service also reimburses pharmacy providers for influenza immunization services (for all ages) and for ACIP-recommended vaccines for children 6–18 years of age. Reimbursement for these two services applies even if the patient is enrolled in a state-contracted MCO.</p>
Wyoming	N/A	No	N/A

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