

**DHMH**

Maryland Department of Health and Mental Hygiene  
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Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**MARYLAND PHARMACY ASSISTANCE PROGRAM**

Pharmacy Transmittal No. 166

Physician Transmittal No. 125

November 4, 2002

Pharmacists Clinics  
Physicians

**FROM:** Susan J. Tucker, Executive Director  
Office of Health Services

**NOTE:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

**Important Changes to Pharmacy Benefits for Recipients in Fee-For-Service Medicaid and for Recipients in the Maryland Pharmacy Assistance Program**

This transmittal is to inform you about major changes in the pharmacy benefit for recipients in the Medicaid fee-for-service program and for recipients in the Maryland Pharmacy Assistance Program.

**Maryland Pharmacy Assistance Program (MPAP)-Expanded Coverage**  
**Effective October 1, 2002**

Under the Maryland Pharmacy Waiver recently approved by the federal government, MPAP beneficiaries and Qualified Medicare Beneficiaries (QMBs) will have access to the same drug coverage available under the Medicaid fee-for-service program. The QMB population currently has a gray and white card. They will also be sent a yellow and white MPAP card. Both cards will have the same identification number that can be used in the EVS and Point of Sale (POS) systems. A \$5 co-payment will be required for both populations. Under this program only, pharmacies are not required to fill prescriptions for MPAP and QMB recipients unable to pay the co-payment.

**Medicaid Fee-for-Service - Tiered Co-pay**  
**Effective November 18, 2002**

In order to encourage Medicaid recipients to use clinically appropriate generic drugs, the co-payment amount will change from \$1 for all drugs to a tiered co-pay structure. **Generic**

**drugs will have no co-payment and brand-name drugs will have a \$2 co-payment.** As under current law, pharmacies cannot deny filling prescriptions if recipients are unable to pay the \$2 co-pay. Please note that recipients that are under age 21, pregnant, or in a long-term facility continue to be exempt from having to pay a co-pay. In addition, family planning drugs and devices are exempt from co-payment requirements.

## **Medicaid Fee-for-Service & Maryland Pharmacy Assistance Program** **Effective November 1, 2002**

### **REFILLS & DAYS SUPPLY**

For Non-Controlled Covered Drugs, the allowable number of prescription drug **refills changes from two to eleven.** The purpose of this change is to reduce the administrative burden for physicians and pharmacists and to bring the Medicaid Program in line with industry standards. A prescription order, including refills, is limited to a 360-day supply for non-controlled drugs. Maintenance medication will continue to be limited to a 100-day supply. Other prescriptions will continue to be limited to a 34-day supply.

For Controlled Covered Drugs Schedule III – IV, the allowable number of prescription drug **refills changes to five.** A prescription order, including refills, is limited to a 180-day supply.

For Controlled Covered Drugs Schedule II, current procedures will be maintained and **no refills will be allowed.**

### **LIMITATION ON DATE FILLED**

In another effort to reduce administrative burdens for providers, the limitation on dispensing an original prescription more than ten days after the prescribing date is being removed for non-controlled drugs, but the Maryland State limitation of 120 days is applicable. For controlled substances, a limitation is being imposed on dispensing any original prescription more than 30 days after the prescribing date.

### **DISPENSING FEE TO PHARMACIES**

In order to help compensate pharmacists for encouraging the use of clinically appropriate generic drugs, the dispensing fee paid to pharmacies for filling Medicaid fee-for-service and MPAP recipient prescriptions is being changed to a tiered dispensing fee structure. The dispensing fee paid to pharmacies for covered services will change from \$4.21 for all drugs to **\$4.69 for generic drugs and \$3.69 for brand name drugs.**

For prescriptions for **recipients residing in nursing homes**, the dispensing fee paid to pharmacies for covered services will change from \$5.25 for all drugs to **\$5.65 for generic drugs and \$4.65 for brand name drugs.**

**CHANGE IN BENEFITS** – Over-the-counter Ergocalciferol liquid (vitamin D) is covered.

Questions concerning this transmittal should be directed to the Division of Pharmacy and Clinic Services at 410-767-1455.