



STATE OF MARYLAND

**DHMH**

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Arlene H. Stephenson, Acting Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**Managed Care Organization Transmittal No. 38**

January 30, 2003

**TO:** Managed Care Organizations  
*Susan J. Tucker*  
**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.

**RE:** Policy for use of medication quantity limitations by managed care organizations.

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Medication quantity limitations established by each HealthChoice MCO will be reviewed by the Department as part of the monthly formulary review for therapeutic appropriateness and to ensure access to medically necessary medications. New quantity limitations proposed by a HealthChoice MCO must be reviewed and approved by the Department prior to implementation. Review of the HealthChoice MCO quantity limitations will be based on the standards listed below. All quantity limitations must meet these standards. Requests for exceptions must be submitted to the Department in writing for review and approval.

Prescriptions may be limited to a month supply. Quantity limits per prescription are allowed. Quantity limitations on injectable drug products are allowed, but must provide enough medication for the course of treatment. Quantity limitations on inhalation drug products are allowed as long as sufficient medication is available for the time period indicated.

Quantity limitations are reviewed to ensure access to sufficient medication for the standard adult and pediatric dosage for the Food and Drug Administration (FDA) approved indications. Quantity limitations per designated time period such as certain number of days per month, or certain number of treatments per year are reviewed based on the following American Hospital Formulary Service (AHFS) categories.

Quantity limitations are **not allowed** for the following AHFS categories:

08:00	Anti-infective Agents (except Tamiflu™ and Relenza®)
10:00	Antineoplastic Drugs
12:00	Autonomic Drugs (except ergotamines)
20:00	Blood Formation and Coagulation
24:00	Cardiovascular (except Viagra®)
28:12	Anticonvulsants
28:92	Miscellaneous Central Nervous System Agents (except triptans)
32:00	Contraceptives
40:00	Electrolytic, Caloric and Water Balance
48:00	Antitussives, Expectorants, and Mucolytic Agents
52:00	Eye, Ear, Nose, and Throat Preparations
56:16	Digestants
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
84:00	Skin and Mucous Membrane Agents (except 84:16, 84:36, 84:50)
86:00	Smooth Muscle Relaxants
88:00	Vitamins

Quantity limitations are **allowed** for the following AHFS classifications:

04:00	Antihistamine Drugs
12:20	Skeletal Muscle Relaxants
28:08	Analgesics and Antipyretics
28:24.04	Barbiturates
56:00	Gastrointestinal Drugs (except 56:16)
84:16	Cell Stimulants and Proliferants
84:36	Miscellaneous Skin and Mucous Membrane Agents
84:50	Depigmenting and Pigmenting Agents

Quantity limitations for AHFS category 92:00 Unclassified Therapeutic Agents must be reviewed by the Department prior to implementation.

Submit quantity limitations for review and approval to:

Division of Pharmacy and Clinic Services, Managed Care Section  
HealthChoice and Acute Care Administration  
201 West Preston Street, Room 210  
Baltimore, Maryland 21201

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