



**MEDICAL CARE POLICY ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201

Parris N. Glendening
Governor

Martin P. Wasserman, M.D., J.D.
Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Maryland Pharmacy Assistance Program Transmittal No. 38**

January 22, 1999

Physicians Hospitals
Pharmacists Clinics

FROM: Martin P. Wasserman, M.D., J.D.
Secretary

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

Update of List of Covered Drugs under the Pharmacy Assistance Program

ACTION:

Emergency Regulations
Proposed Regulations

EFFECTIVE DATE:

December 14, 1998 thru June 14, 1999

WRITTEN COMMENTS TO:

Michele Phinney, 201 W. Preston Street
Baltimore, Maryland 21201
Fax (410) 767-6489 or
Call (410) 767-6499

PROGRAM CONTACT PERSON:

Frank Tetkoski (410) 767-1455

COMMENT PERIOD EXPIRES: February 4, 1999

The Secretary of Health and Mental Hygiene is proposing amendments to Regulations .03 Conditions for Participation and .04 Covered Services under COMAR 10.45.02 Services (Maryland Pharmacy Assistance Program.)

The purpose of these amendments is to add to the list of covered drugs, thereby allowing recipients to have more access to these needed products. The Program continues to receive comments from interested parties concerning drug products that were not included in the listing

of maintenance drugs. Upon review of these comments and after consultation with the Maryland Pharmacists Association, the Program has evaluated the list of maintenance drugs and is prepared to add certain products.

While anti-infective products are covered for both acute and chronic care, maintenance drugs are only covered for the treatment of chronic conditions over a long period of time. Some of the categories listed have limitations for indications and/or specific drug products. For example, Opiate Agonists are only covered for use in chronic pain experienced by the terminally ill. Therefore, notation of the indication for use must be made on the prescription by the prescriber or pharmacist where limited indications for use are listed in the category. Pharmacists will need this indication on the prescription before they fill the prescription. Once noted, the prescription must be maintained on file for auditing purposes. These prescriptions can be billed through the Program's point-of-sale system.

These amendments also remove from coverage drugs used to treat sexual dysfunction which are classified as vasodilators.

These amendments also require the pharmacy provider to inform a recipient when a prescription is not covered before it is dispensed to allow the recipient to decide if they want the prescription before they become financially responsible for it. The Program recommends that institutional pharmacies document this notification so that residents billed for drugs not covered by the Pharmacy Assistance Program cannot claim they were not informed.

Included with this Transmittal is a complete list of the drug categories covered under the Pharmacy Assistance Program. For clarity and ease of use, the list is organized into two sections. The first section contains drug categories in which all products in the category are covered. The second section consists of those categories having restrictions or with only certain drugs in the category covered. The changes from these amendments are incorporated in the list and are indicated with an asterisk.

The amendments as they were printed in the Maryland Register are attached.

JMM/
Attachment

**Subtitle 45 MARYLAND PHARMACY
ASSISTANCE PROGRAM**

10.45.02 Services

Authority: Health-General Article, §§2-104(b), 15-103.1, and 15-124,
Annotated Code of Maryland

Notice of Emergency Action
(99-007-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to Amendments to Regulations .03 and .04 under COMAR 10.45.02 Services.

Emergency status began: December 14, 1998.
Emergency status expires: June 14, 1999.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on pages 40 — 42 of this issue referenced as [99-007-P].

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

**Subtitle 58 BOARD OF EXAMINERS OF
PROFESSIONAL COUNSELORS**

10.58.06 Licensure By Waiver

Authority: Health Occupations Article, §§17-101, 17-3A-01 — 17-3A-10, and
17-3A-11; Courts and Judicial Proceedings Article, §9-109.1(a) and (b);
Annotated Code of Maryland

Notice of Emergency Action
(99-001-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to new Regulations .01 — .03 under a new chapter, COMAR 10.58.06 Licensure By Waiver.

Emergency status began: December 14, 1998.
Emergency status expires: June 14, 1999.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on pages 42 — 44 of this issue referenced as [99-001-P].

MARTIN P. WASSERMAN, M.D.
Secretary of Health
and Mental Hygiene

**Title 31
MARYLAND INSURANCE
ADMINISTRATION**

Subtitle 10 HEALTH INSURANCE — GENERAL
**31.10.06 Standards for Medicare Supplement
Policies**

Authority: Insurance Article, §§2-109 and 8-40(b), Title 15, Subtitle 9, and
Title 27: Health-General Article, §§19-705 and 19-706;
Annotated Code of Maryland

Notice of Emergency Action
(99-013-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amendments to Regulations .02, .03, .06, .09, .13, and .22, and the adoption of new Regulation .09-1 under COMAR 31.10.06 Standards for Medicare Supplement Policies.

Emergency status began: January 1, 1999.
Emergency status expires: June 30, 1999.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on pages 64 — 83 of this issue referenced as [99-013-P].

STEVEN B. LARSEN
Insurance Commissioner

Subtitle 10 HEALTH INSURANCE — GENERAL
**31.10.20 Certification of HMO Medical Direc-
tors**

Authority: Insurance Article, §§2-109 and 15-10C-02,
Annotated Code of Maryland;
Chapter 117 Acts of 1998

Notice of Emergency Action
(99-014-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to new Regulations .01 — .07 under COMAR 31.10.20 Certification of HMO Medical Directors.

Emergency status began: January 1, 1999.
Emergency status expires: March 22, 1999.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on pages 83 — 85 of this issue referenced as [99-014-P].

STEVEN B. LARSEN
Insurance Commissioner

.03 Consideration and Disposition.**A. Consideration.**

(1) A petition will be granted whenever the Board or the Board's designee considers issuing a declaratory ruling admissible under the circumstances.

(2) In rendering its ruling, the Board or the Board's designee:

(a) Shall consider all materials submitted with the petition;

(b) May consider any document, data, or other relevant material;

(c) May consult individuals;

(d) May consider comments from the staff; and

(e) May require argument of the petitioner or permit the introduction of evidence by the petitioner or, in the Board's sole discretion, by other persons.

(3) Consideration of the proposed rulings prepared by the Board's designee shall be conducted according to procedures adopted by the Board in each case.

B. Disposition.

(1) A declaratory ruling issued shall be in writing, stating the:

(a) Issue;

(b) Conclusion;

(c) Facts on which the conclusion was based; and

(d) Sources relied upon.

(2) A declaratory ruling issued by the Board shall plainly state that it is a declaratory ruling pursuant to this chapter.

(3) A written answer from the Board or any employee or committee of the Board to an inquiry is not a declaratory ruling unless made in conformity with this chapter.

C. Publication and Indexing.

(1) The Board shall keep a record of each declaratory ruling issued and index all declaratory rulings issued by reference to the statute or regulation involved.

(2) The Board may publish declaratory rulings of general interest subject to the mandates of State Government Article, Title 10, Subtitle 4, Part III, Annotated Code of Maryland, and allow inspection of the declaratory rulings subject to that statute.

D. Denial. A petition may be denied if the:

(1) Request contains incomplete information on which to base an informed declaratory ruling;

(2) Board or the Board's designee concludes that a declaratory ruling cannot reasonably be given on the matter;

(3) Matter is adequately covered by a:

(a) Regulation;

(b) Declaratory ruling;

(c) Decision; or

(d) Legal opinion;

(4) Matter is the subject of a pending disciplinary proceeding; or

(5) The Board or the Board's designee concludes that a ruling would not be in the public interest.

.04 Effect, Revision, and Appeal.

A. Effect. A declaratory ruling shall be binding on the Board and the petitioner on the statement of facts covered in the declaratory ruling.

B. Application for Revision.

(1) The petitioner shall file an application for revision within 10 days after the issuance of the declaratory ruling.

(2) The Board shall determine whether to reopen the declaratory ruling.

(3) The Board may summarily deny an application for revision.

(4) An application for revision does not stay the effect of the declaratory ruling. If the Board determines to grant the application and reopen the declaratory ruling, the declaratory ruling is stayed until the Board:

(a) Issues a revised declaratory ruling;

(b) Withdraws the declaratory ruling; or

(c) Withdraws its determination to reopen.

(5) A timely filed application for revision extends time for judicial appeal of the declaratory ruling issued by the Board:

(a) Denies the application;

(b) Issues a revised declaratory ruling;

(c) Withdraws the declaratory ruling; or

(d) Withdraws its determination to reopen.

(6) If the Board determines to reopen the declaratory ruling, the Board shall give the applicant notice of the determination and of any subsequent changes to the declaratory ruling. The determination to reopen a declaratory ruling does not confer any procedural rights on the applicant.

(7) The Board shall deny applications for revision which contain additional or revised facts. The Board may treat the application as a request for a new declaratory ruling.

(8) After determining to reopen a declaratory ruling, the Board may take any action which it is authorized to take with respect to original applications for declaratory rulings.

(9) The Board's determination as to whether to reopen the declaratory ruling shall be made within 60 days of the application for revision.

C. Revision on Board's Motion.

(1) The Board may reopen a declaratory ruling on its own motion at any time 2 years or more after a declaratory ruling's issuance.

(2) The declaratory ruling may be reopened if the Board determines that there have been subsequent changes in law, technology, economic or business conditions, or environment that render the declaratory ruling inaccurate or obsolete.

(3) The Board shall give notice to the petitioner of the Board's decision to reopen a declaratory ruling.

(4) Before a declaratory ruling is finally modified under this section, the Board shall give the petitioner the opportunity to submit written and oral argument to the Board.

D. Appeal. A declaratory ruling is subject to review as provided in State Government Article, §10-305, Annotated Code of Maryland.

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 45 MARYLAND PHARMACY ASSISTANCE PROGRAM

10.45.02 Services

Authority: Health-General Article, §§2-104(b), 15-103.1, and 15-124,
Annotated Code of Maryland

Notice of Proposed Action

[99-007-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .03 and .04 under COMAR 10.45.02 Services.

Statement of Purpose

The purpose of these amendments is to add to the list of covered drugs, thereby allowing recipients to have more ac-

cess to these needed products. The Program continues to receive comments from interested parties concerning drug products that were not included in the listing of maintenance drugs. Upon review of these comments and after consultation with the Maryland Pharmacists Association, the Program has evaluated the list of maintenance drugs and is prepared to add certain products.

As recommended by the Maryland Pharmacists Association, these amendments also remove from coverage drugs used to treat sexual dysfunction. These drugs are classified as vasodilators and according to current regulations all drugs in the category are covered because, when originally included, their only use was to treat chronic heart disease.

These amendments also require the pharmacy provider to inform a recipient when a prescription is not covered before it is dispensed to allow the recipient to decide if they want the prescription before they become financially responsible for it.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. Adoption of these amendments will increase Program expenditure by adding to the list of covered drugs.

II. Types of Economic Impacts.	Revenue (E+R-)	Magnitude
	Expenditure (E+E-)	
A. On issuing agency: Pharmacy Assistance Program	(E+)	\$43,428
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+)	Magnitude
	Cost (-)	
D. On regulated industries or trade groups: Pharmacy providers	(+)	Nonquantifiable
E. On other industries or trade groups: Pharmaceutical manufacturers	(+)	Nonquantifiable
F. Direct and indirect effects on public: MPAP recipients	(+)	\$43,428

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. The Program estimates that based on the latest Medicaid utilization figures these amendments will increase Pharmacy Assistance Program expenditures by \$43,428 in general funds for the 2 months of the proposed period. Some of the drugs being added are alternatives to products already covered and therefore will not increase Program expenditures. The addition of new drugs is estimated to cost \$51,445 and the elimination of coverage of drugs for sexual dysfunction is estimated to save \$8,017.

D. Pharmacy providers will receive increased revenue as more drugs are covered. However, this amount is nonquantifiable since recipients are now paying for some of these medications themselves.

E. Pharmaceutical manufacturers will receive additional payment for some previously unfilled prescriptions. This amount is nonquantifiable.

F. Recipients enrolled in the Maryland Pharmacy Assistance Program will not have to pay \$43,428 for needed medication.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Regulations Coordinator, O'Connor Building, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to 410-333-7687, or call 410-767-6499. These comments must be received not later than February 4, 1999.

.03 Conditions for Participation.

To participate in the Program, the provider shall:

A. — G. (text unchanged)

H. Place no restriction on a recipient's right to select providers of [his] *the recipient's choice*[,] and

I. *Notify the Pharmacy Assistance recipient or responsible adult that a prescription is not covered and that the recipient is responsible for payment before dispensing a prescription for a drug not on the list of covered services under the Maryland Pharmacy Assistance Program.*

.04 Covered Services.

A. — B. (text unchanged)

C. Maintenance medication is covered only when used to treat chronic disease in the following therapeutic categories, subject to the limitations specified:

(1) 10:00 Antineoplastic agents — listed products for chronic use only:

- (a) *Anastrozole;*
- (b) *Bicalutamide;*
- [(a)] (c) — [(g)] (i) (text unchanged)
- (j) *Letrozole;*
- [(h)] (k) — [(k)] (n) (text unchanged)
- (o) *Mercaptopurine;*
- [(l)] (p) — [(m)] (q) (text unchanged)
- (r) *Nilutamide;*
- [(n)] (s) — [(o)] (t) (text unchanged)
- (u) *Toremifene;*

(2) 12:04 Parasympathomimetic agents — listed products only:

- (a) — (e) (text unchanged)
- (f) *Donepezil;*

(3) — (5) (text unchanged)

(5-1) 12:16 Sympatholytic agents — listed products only: *Tamsulosin;*

(6) — (13) (text unchanged)

(14) 24:12 Vasodilating agents — *not covered for sexual dysfunction;*

(15) — (21) (text unchanged)

(22) 28:12.02 Miscellaneous anticonvulsants — listed products only:

- (a) — (e) (text unchanged)
- (f) *Tiagabine;*
- (g) *Topiramate;*

(23) — (28) (text unchanged)

(28-1) 28:92 *Miscellaneous central nervous system agents — listed products only: Pramipexole;*

(29) — (39) (text unchanged)

(40) 52:36 Miscellaneous EENT drugs — listed products only for ophthalmic use:

- (a) (text unchanged)
- (b) *Brimonidine;*
- [(b)] (c) (text unchanged)
- (d) *Latanoprost;*
- [(c)] (e) — [(e)] (g) (text unchanged)
- (40-1) — (41) (text unchanged)

(42) 56:04 Miscellaneous gastrointestinal drugs:

(a) — (b) (text unchanged)

(c) Listed products only, [Omeprazole] for maintenance of healing of erosive esophagitis and for pathological hypersecretory conditions only:

(i) *Lansoprazole*,

(ii) *Omeprazole*:

(43) — (44) (text unchanged)

(45) 68:04 Adrenals — listed products only for specified indications:

(a) Inhalers for the treatment of bronchial asthma:

(i) (text unchanged)

(ii) *Budesonide*,

[(ii)] (iii) — [(iii)] (iv) (text unchanged)

(v) *Fluticasone*,

[(iv)] (vi) (text unchanged)

(b) (text unchanged)

(46) — (50) (text unchanged)

(50-1) 68:20.92 Miscellaneous antidiabetic agents — listed products only:

(a) — (b) (text unchanged)

(c) *Troglitazone*;

(51) — (60) (text unchanged)

(61) 92:00 Unclassified therapeutic agents — listed products only:

(a) — (u) (text unchanged)

(v) *Tacrolimus anhydrous*;

(w) *Anagrelide*;

(x) *Cabergoline*;

(y) *Clopidogrel*;

(z) *Glatiramer*;

(aa) *Interferon beta-1a*;

(bb) *Montelukast*;

(cc) *Nedocromil*;

(dd) *Raloxifene*;

(ee) *Ropinirole*;

(ff) *Tiludronate*;

(gg) *Tolcapone*;

(hh) *Zafirlukast*;

(ii) *Zileuton*.

D. — F. (text unchanged)

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 58 BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

10.58.06 Licensure By Waiver

Authority: Health Occupations Article, §§17-101, 17-3A-01—17-3A-08, 17-3A-10, and 17-3A-11; Courts and Judicial Proceedings Article,

§9-109.1(a) and (b);

Annotated Code of Maryland

Notice of Proposed Action

001-P1

The Secretary of Health and Mental Hygiene proposes to adopt new Regulations .01 — .03 under a new chapter, COMAR 10.58.06 Licensure By Waiver. This action was considered by the Board of Examiners of Professional Counselors at a public meeting held September 18, 1998, notice of which was given by publication in 25:15 Md. R. 1507 (September 11, 1998), pursuant to State Government Article, §10-208(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to establish the waiver requirements for licensure of the three categories of counselors who provide clinical counseling: the clinical professional counselor; the clinical marriage and family therapist; and the clinical alcohol and drug counselor.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. The licensure of clinical counselors will result in additional revenue to the Board.

II. Types of Economic Impacts.	Revenue (R+R-)	Magnitude
	Expenditure (E+E-)	
A. On issuing agency:	(+)	\$175,000
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+)	
	Cost (-)	
D. On regulated industries or trade groups:		
Clinical counselors	(-)	\$175,000
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions.

A. and D. This amount is based on the anticipated revenue for a 6-month period from application and licensure by approximately 1,000 applicants at \$175 per license. ($\$175 \times 1,000 = \$175,000$)

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments on the proposed action may be sent to Michele Phinney, Regulation Coordinator, O'Connor Building, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to (410) 333-6887, or call (410) 767-6499. These comments must be received by February 4, 1999. No public hearing has been scheduled.

.01 Scope.

A. This chapter applies only to an applicant requesting licensure by waiver as a:

- (1) Clinical professional counselor;
- (2) Clinical marriage and family therapist; or
- (3) Clinical alcohol and drug counselor.

B. For the purposes of this chapter, an applicant is eligible for licensure if the applicant is eligible for certification and meets the other requirements specified in this chapter.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated:

B. Terms Defined.

(1) "Board" means the State Board of Examiners of Professional Counselors.

"Certified professional counselor (CPC)" means an individual who is certified by the Board to practice professional counseling in the State.

**LIST OF MAINTENANCE DRUGS COVERED UNDER
THE MARYLAND PHARMACY ASSISTANCE PROGRAM (MPAP)**

Page 1 of 7

I. OPEN OR UNRESTRICTED THERAPEUTIC CATEGORIES

American Hospital Formulary Service (AHFS) Categories/ Therapeutic Classes

08:00	All anti-infective agents (amebicides 08:04; anthelmintics 08:08 antibiotics 08:12; antituberculosis 08:16; antivirals 08:18; antimalarials 08:20; quinolones 08:22; sulfonamides 08:24; sulfones 08:26; urinary anti-infectives 08:36; misc. anti-infectives 08:40
12:08.04	All antiparkinsonian agents
20:12.04	All anticoagulants
20:24	All hemorrheologics
24:04	All cardiac agents
24:06	All antilipemic agents
24:08	All antihypertensive agents
28:12.12	All hydantoin anticonvulsants
28:12.16	All oxazolidinedione anticonvulsants
28:12.20	All succinamide anticonvulsants
28:16.04	All antidepressants
28:16.08	All tranquilizers
28:28	All antimanic agents
40:28	All diuretics
40:40	All uricosuric agents
48:24	All mucolytic agents
52:04	All Eye/Ear/Nose/Throat anti-infectives
52:10	All carbonic anhydrase inhibitors
52:20	All miotics
56:16	All digestants
60:00	All gold compounds
68:18	All gonadotropins
68:20.08	All insulins
68:20.20	All sulfonylureas
68:24	All parathyroid drugs
68:28	All pituitary drugs
68:36	All thyroid and antithyroid agents
84:04	All topical anti-infectives
86:16	All respiratory smooth muscle relaxants

**LIST OF MAINTENANCE DRUGS COVERED UNDER
THE MARYLAND PHARMACY ASSISTANCE PROGRAM (MPAP)**

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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES

American Hospital Formulary Service (AHFS) Categories/ Therapeutic Classes

- 10:00 Antineoplastic agents- Listed products for chronic use only:
- | | |
|--------------------------------------|------------------------------|
| anastrozole* (Arimidex) | levamisole (Ergamisol) |
| bicalutamide* (Casodex) | megestrol acetate (Megace) |
| chlorambucil (Leukeran) | melphalan (Alkeran) |
| cyclophosphamide (Cytosan) | mercaptopurine* (Purinethol) |
| etoposide (Vepesid) | methotrexate (Folex) |
| fludarabine phosphate (Fludara) | mitotane (Lysodren) |
| flutamide (Eulexin) | nilutamide* (Nilandron) |
| hydroxyurea (Hydrea) | pentostatin (Nipent) |
| interferon alpha (Intron, Roferon A) | tamoxifen citrate (Nolvadex) |
| letrozole* (Femara) | toremifene* (Fareston) |
| leuprolide acetate (Lupron) | |
- Parasympathomimetic agents- Listed products only:
- ambenonium (Mytelase)
 - bethanechol (Urecholine) - For chronic neurogenic bladder retention only
 - donepezil* (Aricept)
 - neostigmine (Prostigmine)
 - pyridostigmine bromide (Mestinon)
 - tacrine HCL (Cognex)
- 12:08.08 Antimuscarine and antispasmodic agents- Listed products only:
- dicyclomine (Bentyl)- for ulcerative colitis and irritable bowel syndrome only
 - hyoscyamine sulfate (Levsin)- Sole ingredient only
 - ipratropium bromide (Atrovent)- For the treatment of bronchospasm(asthma) and chronic obstructive pulmonary disease (COPD).
- Sympathomimetic (adrenergic) agents- For bronchospasm (asthma) and chronic obstructive pulmonary disease (COPD) only.
- Sympatholytic agents- Listed products only:
- tamsulosin* (Flomax)
- Skeletal muscle relaxants- Listed products only:
- baclofen (Lioresal)
 - dantrolene (Dantrium)
- 20:12.16 Hemostatics- Listed products only:
- antihemophilic factor
 - factor IX complex

* New products/new category

**LIST OF MAINTENANCE DRUGS COVERED UNDER
THE MARYLAND PHARMACY ASSISTANCE PROGRAM (MPAP)**

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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES (Cont'd)

American Hospital Formulary Service (AHFS) Categories/ Therapeutic Classes

- 20:16 Hematopoetic agents- Listed products only:
epoetin alfa (Epogen)
filgrastim (Neupogen)
sargramostim (Leukine, Prokine)
- 24:12 Vasodilating Agents- not covered for sexual dysfunction
- 28:08.04 All non-steroidal anti-inflammatory agents for the treatment of chronic rheumatic and arthritic conditions; legend drugs only except for aspirin 325mg enteric coated tablets. Products even though classified as non-steroidal, anti-inflammatory agents, i.e Toradol (ketorolac tromethamine) but only indicated for the short-term treatment of pain are not covered under MPAP provisions.
- 28:08.08 Opiate agonists- For pain relief **for terminally ill patients only**; listed products only when used as a sole active ingredient product, or when an oral product in combination with aspirin or acetaminophen only; no cough syrups are covered.
codeine phosphate, sulfate
fentanyl, transdermal patches only (Duragesic)
hydrocodone bitartrate (Anexia, Vicodin)
hydromorphone HCL (Dilaudid)
levorphanol tartrate (Levo-Dromoran)
meperidine HCL (Demerol)
methadone (Dolophine)
morphine sulfate (MSRI, Roxanol, etc.)
opium preparations
oxycodone (Roxicodone, Percodan, Percocet, etc.)
oxymorphone HCL
propoxyphene HCL, napsylate (Darvon, Darvocet, etc.)
- 28:12.04 Barbiturates- Listed products only; anticonvulsant use only:
phenobarbital primidone (Mysoline)
- 28:12.08 Benzodiazepines- Listed products only; anticonvulsant use only:
clonazepam (Klonopin)- for seizures
clorazepate (Tranxene)-for seizures
- 28:12.92 Miscellaneous anticonvulsants- Listed products only:
carbamazepine (Tegretol) tiagabine* (Gabitril)
felbamate (Felbatol) topiramate* (Topamax)
gabapentin (Neurontin) valproate/divalproex
lamotrigine (Lamictal)

* New products/new category

**LIST OF MAINTENANCE DRUGS COVERED UNDER
THE MARYLAND PHARMACY ASSISTANCE PROGRAM (MPAP)**

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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES (Cont'd)

American Hospital Formulary Service (AHFS) Categories/ Therapeutic Classes

- 28:20 Respiratory and cerebral stimulants for narcolepsy and attention deficit disorders in individuals under 16 years of age only- listed products only:
methylphenidate (Ritalin)
dextroamphetamine (Dexedrine)
pemoline (Cylert)
- 28:24.08 Benzodiazepines- for panic disorders and chronic anxiety only-Listed products for specified indications only:
alprazolam (Xanax)- for panic disorders
diazepam (Valium)- for chronic anxiety
lorazepam (Ativan)- for chronic anxiety
- 28:24.92 Miscellaneous anxiolytic sedatives and hypnotics- Listed products only:
buspirone (Buspar)
- 28:92* Miscellaneous central nervous system agents- Listed products only:
amantadine (Symmetrel) carbidopa/levodopa pramipexole* (Mirapex)
- 40:10 Ammonia detoxicants- Listed product only:
lactulose for the treatment of portal system encephalopathy only
- 40:12 Replacement preparations- potassium supplements only
- 40:20 Caloric agents- parenteral products only:
amino acid injections total parenteral nutrition
fat emulsions
- 44:00 Enzymes- Listed product only:
alglucerase (Ceredase)- for the treatment of Gaucher disease only
- 52:24 Mydriatics- for the treatment of glaucoma only
- 52:36 Miscellaneous EENT drugs- Listed products only for ophthalmic use:
betaxolol HCL (Betoptic) levobunolol (Betagan)
brimonidine* (Alphagan) metipranolol (Optipranolol)
cartelol (Ocupress) timolol maleate (Timolol)
latanoprost* (Xalatan)
- 56:14 Cholelitholytic agents- listed products only:
ursodiol (Actigall)
- 56:40 Miscellaneous gastrointestinal drugs:
(a) Listed products only:
mesalamine (Asacol, Pentasa, Rowasa) olsalazine (Dipentum)
metoclopramide (Reglan) sucralfate (Carafate)
misoprostol (Cytotec)

* New products/category

**LIST OF MAINTENANCE DRUGS COVERED UNDER
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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES (Cont'd)

American Hospital Formulary Service (AHFS) Category/ Therapeutic Classes

- 56:40 Miscellaneous gastrointestinal drugs (Cont'd):
- (b) Listed products only for treatment of Zollinger-Ellison syndrome, duodenal ulcer, or gastroesophageal reflux disease:
 - cimetidine (Tagamet)
 - nizatidine (Axid)
 - cisapride (Propulsid)
 - ranitidine (Zantac)
 - famotidine (Pepcid)
 - (c) Listed products only for maintenance of healing of erosive esophagitis and for pathological hypersecretory conditions only:
 - omeprazole (Prilosec)
 - lansoprazole*(Prevacid)
- 64:00 Heavy metal antagonists- Listed products only:
 - desferoxamine mesylate (Desferal)
 - penicillamine (Cuprimine, Depen)
 - succimer (Chemet)
- 68:04 Adrenals- Listed products only for specified indications:
- (a) Inhalers for the treatment of bronchial asthma- Listed products only:
 - beclomethasone dipropionate (Vanceril, Beclovent)
 - budesonide *(Pulmocort, Rhinocort)
 - dexamethasone (Decadron)
 - flunisolide (Aerobid)
 - fluticasone* (Flovent)
 - triamcinolone (Aristocort, Azmacort)
 - (b) Oral and parenteral products for replacement therapy in adrenal insufficiency:
 - betamethasone (Celestone)
 - methylprednisolone (Medrol)
 - cortisone acetate (Cortone)
 - prednisolone (Prelone)
 - dexamethasone (Decadron)
 - prednisone (Deltasone)
 - fludrocortisone acetate (Florinef)
 - triamcinolone (Aristocort, Kenacort)
 - hydrocortisone (Cortef)
- 68:08 Androgens- Listed products only:
 - danazol (Danocrine)
 - fluoxymestron (Halotestin)
 - methyltestosterone (Android-5, Oreton)
 - oxymetholone (Anadrol-50)- for the treatment of anemias caused by deficient red blood cell production only
 - stanzolol (Winstrol)- for the treatment of hereditary angioedema only;
 - testosterone (Androlan)

*New products/new category

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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES (Cont'd)

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- 68:16 Estrogens- Listed oral and injectable products only; not covered for contraceptive use:
chlorotrianisene (Tace)
conjugated estrogens (Premarin)- either sole ingredient products or in
combination with medroxyprogesterone acetate (Prempro, Premphase)
diethylstilbesterol
estradiol- sole ingredient products only (Estrace, Estraderm)
estropipate (Ogen)
quinistrol (Estrovis)
- 68:20.92 Miscellaneous antidiabetic agents- Listed products only:
acarbose (Precose) troglitazone* (Rezulin) metformin (Glucophage)
- 68:32 Progestins- sole ingredients products only, not covered for contraceptive use;
- 80:00 Serums, toxoids, and vaccines- Listed products only: Immune globulin;
- 84:06 Topical anti-inflammatory agents- Listed products for the treatment of psoriasis only:
fluocinolone (Synalar)
triamcinolone acetonide (Aristocort, Kenalog)
betamethasone dipropionate (Diprosone, Maxivate)
- 84:36 Miscellaneous skin and mucous membrane agents- Listed products only:
fluorouracil (5-FU)
- 86:12 Gentiourinary smooth muscle relaxants- Listed products only:
oxybutynin (Ditropan)
- 88:00 Vitamins- Listed sole ingredient products only:
calcifediol (Calderol); ergocalciferol (Drisdol, Deltalin)
calcitriol (Rocaltrol, Calcijex) folic acid
cyanocobalamin (Vitamin B12) niacin (nicotinic acid)
dihydrotachysterol (DHT, Hytakerol)
- 92:00 Unclassified therapeutic agents- Listed products only:
alendronate (Fosamax) carbidopa (now under 28:92.00)
allopurinol (Zyloprim) clopidogrel* (Plavix)
amantadine (Symmetrel) colchicine
(now under 28:92.00) cromolyn sodium (Intal)
anagrelide* (Agrylin) cyclosporine (Sandimmune)
azathioprine (Imuran) disulfiram (antabuse)
bromocriptine mesylate (Parlodel) etidronate (Didronel)
cabergoline* (Dostinex) finasteride (Proscar)

*New products/category

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II. RESTRICTED OR LIMITED THERAPEUTIC CATEGORIES (Cont'd)

American Hospital Formulary Service (AHFS) Category/ Therapeutic Classes

92:00 Unclassified therapeutic agents- Listed products only (Cont'd):

glatiramer* (Copaxone)	selegine Hcl (Eldepryl)
interferon beta-1b (Betaseron)	tacrolimus anhydrous (Prograf)
interferon beta-1a* (Avonex)	tiludronate* (Skelid)
leucovorin calcium (Wellcovorin)	ticlopidine (Ticlid)- for stroke prevention only for individuals unable to tolerate ASA
levodopa (now under 28:92.00)	tolcapone* (Tasmar)
lymphocyte immune globulin	trilostane (Modrastane)
montelukast* (Singulair)	zafirlukast* (Accolate)
mycophenolate mofetil (CellCept)	zileuton* (Zyflo)
nedocromil*(Tilade)	
raloxifene* (Evista)	
ropinirole* (Requip)	

Non-legend Products

Insulin when prescribed in original packages
Enteric coated aspirin used in the treatment of arthritic conditions
Hypodermic needles and syringes

* New products/category