

1. \$4,600 plus \$500 for each individual over 1 in a family unit; and

2. An annual increase set by the Secretary under paragraph (2)(iii) of this subsection.

(2) For the purpose of paragraph (1) of this subsection, the Secretary shall:

- (i) Define excluded assets;
- (ii) Establish a family unit structure; and

(iii) Beginning July 1, 1985, increase annually at the time social security benefits are increased, rounded to the next highest even \$50 level, the income level within which an individual is eligible for benefits under the Maryland Pharmacy Assistance Program by the larger of:

1. The percentage by which benefits under Title II of the Social Security Act (42 U.S.C. 401-433) are increased by the federal government due to cost-of-living changes as that percentage is reported in the Federal Register pursuant to 42 U.S.C. 415(i)(2)(d) but not to exceed 8 percent; or

2. The dollar amount by which the medical assistance income schedules are increased by the State.

(b) (1) Reimbursement under the Maryland Pharmacy Assistance Program shall be limited to maintenance drugs, anti-infectives, and AZT as specified in regulations to be issued by the Secretary after consultation with the Maryland Pharmacists Association. For any drug on the Program's interchangeable drug list, the Program shall reimburse providers in an amount not more than it would reimburse for the drug's generic equivalent, unless the individual's physician states, in his or her own handwriting, on the face of the prescription, that a specific brand is "medically necessary" for the particular patient.

(2) The reimbursement shall be up to the amount paid for the same items or services under the pharmacy program of the Maryland Medical Assistance Program and shall be subject to a copayment of not more than \$5.00 for each covered item or service.

(c) (1) Unless the change is made by an emergency regulation, the Maryland Pharmacy Assistance Program shall notify all pharmacies under contract with the Program in writing of changes in the Pharmaceutical Benefit Program rules or requirements at least 30 days before the change is effective.

(2) Changes that require 30 days' advance written notice under paragraph (1) of this subsection are:

- (i) Exclusion of coverage for classes of drugs as specified by contract;
- (ii) Changes in prior or preauthorization procedures; and
- (iii) Selection of new prescription claims processors.