

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
November 2009**

GEORGIA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid Agency's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

Some

Legend Vitamin A derivatives for members 21 years old when used for cosmetic purposes

Drugs when used for the symptomatic relief of cough and colds

Some

Legend agents when used for the symptomatic relief of cough and colds for members 21 years of age and older

Prescription vitamins and mineral products

Some

Prenatal vitamins for women, fluoride preparations that are not in combination with other vitamins, Carnitor, Folic Acid 1mg, Vitamin B 12 injection, vitamin and mineral products for recipients under 21 years of age

Nonprescription drugs (Over-the-Counter)

Some

Multi- vitamins and multiple vitamins with minerals for members less than 21 years of age (chewable or liquid drops); Enteric coated aspirin (covered under per diem for nursing home members); PEN-X; KLOUT; Vitamin E for recipients under 21 years of age with documented medical necessity; Coenzyme Q for recipients under 21 years of age with documented medical necessity; Ibuprofen suspension for members under 21 years; Diphenhydramine; Insulin; Iron; Meclizine; Insulin syringes; Urine and blood glucose testing supplies; Generic over-the-counter (OTC) non-sedating antihistamines; H-2 Receptor antagonists, topical antifungals and proton pump inhibitors.

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To receive reimbursement for medications dispensed to patients with End-Stage Renal Disease (ESRD), pharmacy providers must use only products from manufacturers participating in the drug rebate program. Many rebateable over-the-counter (OTC) iron preparations (salts: fumarate, sulfate, gluconate, and polysaccharide) are covered with a valid prescription. The following products are available to ESRD patients and require Prior Approval before dispensing:

Calcium Carbonate, Aluminum Hydroxide, Calcium Acetate, Legend Vitamin D Products, Calcium Carbonate with Glycine, Calcium Lactate, Docusate Calcium, Docusate Sodium, Niacin, Pyridoxine Hydrochloride, Sodium Bicarbonate, Thiamine Hydrochloride and Vitamin B Complex. Please review the Preferred Drug List for other ESRD drugs requiring Prior Approval at www.ghp.georgia.gov, Providers, Pharmacy Overview then Other Pharmacy Documents.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

Some

Seconal, Phenobarbital and Mepbaral

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

Some

Most other generic benzodiazepines are covered with a limitation for adult members to three (3) prescriptions per rolling year. Prior approval with appropriate documentation is required to extend therapy beyond three (3) prescriptions per rolling year. Members under 21 years of age are allowed access to all covered benzodiazepines without a prescription limit.

Smoking Cessation (except dual eligibles as Part D will cover)

None

STATE WEBSITE

<https://www.mmis.georgia.gov/portal/>