

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

MICHIGAN

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 and Medically Needy.

EXCLUDED DRUG COVERAGE

Agents (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

None

Drugs when used for the symptomatic relief of cough and colds

None

Prescription vitamins and mineral products, except prenatal vitamins and fluoride

Some

Nonprescription drugs (Over-the-Counter)

Some

Barbiturates

All

Benzodiazepines

All

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

All

STATE WEBSITE

<http://www.michigan.gov/mdch>