

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation(s)	Provision(s)
1927 42 CFR 447.201 42 CFR 440	X (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific categories below)
	X (h) barbiturates <u>(Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)</u>
	X (i) benzodiazepines <u>(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</u>
	X (j) smoking cessation (except for dual-eligibles beginning January 1, 2006.)
	(The Medicaid agency lists specific category of drugs below)
	(k) Drugs for weight gain (Anabolic Steroids); Megace Oral Suspension
	(l) All cosmetic drugs are covered except hair growth drugs, which are not covered
	(m) Prescription vitamins: oral vitamins, folic acid, Vitamin A, Vitamin K, Vitamin D, and analogs, Vitamin B Complex when medically necessary.
	(n) Prescription drugs: laxatives and bismuth preparations, vaginal antifungal creams and suppositories, Nonoxyl 9 contraceptives, Bacitracin Topical Ointment, Tobacco cessation drugs, loratadine, omeprazole.