

OFFICIAL

6. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
7. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
- The following excluded drugs are covered:**
- (a) agents when used for anorexia, weight loss, weight gain
 - (b) agents when used to promote fertility
 - (c) agents when used for cosmetic purposes or hair growth
 - (d) agents when used for the symptomatic relief cough and colds: Some - benzonatate only
 - (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine
 - (f) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products; smoking cessation products, minerals and vitamin combinations
 - (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
 - (h) barbiturates: All (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.)
 - (i) benzodiazepines: All (Except for dual eligible individuals, effective January 1, 2013, as Part D will cover all indications.)
 - (j) smoking cessation for non-dual eligibles as Part D will cover: All
- 12b. Prior approval is required for all dentures.
- 12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.
- Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual.
- Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.
- 12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.
- 13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).
- 13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).
- 13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).
- 13d. Rehabilitative Services
- (1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client's risk of non adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

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