

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12 a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	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.
1927(d)(2) and 1935(d)(2)	<p>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.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p><i>(“All” drugs categories covered under the drug class)</i> <input checked="" type="checkbox"/></p> <p><i>(“Some” drugs categories covered under the drug class)</i> <input checked="" type="checkbox"/> <i>-List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>(“None” of the drugs under this drug class are covered)</i> <input type="checkbox"/></p> <p><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth</p> <p><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief of cough and colds</p>

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Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
<input checked="" type="checkbox"/>	(f) nonprescription drugs Over-the-counter medications covered include analgesics, antacids, antiflatulents, antihistamines, cough and cold products, laxatives, spermicides, sodium chloride for inhalation, topical antifungals, topical antibiotics, topical antiparasitics, topical anti-inflammatory agents, and antidiarrheals.
<input type="checkbox"/>	(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 drug categories below)
<input checked="" type="checkbox"/>	(h) barbiturates (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)
<input checked="" type="checkbox"/>	(i) benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)
<input checked="" type="checkbox"/>	(j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs)

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