

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY****12.a. Prescription drugs (continued)**

An Open Formulary is administered, maintained, and subject to the provisions of Title 42, United State Code (U.S.C.), Section 1396r-8. All covered drugs may be excluded or coverage limited if the prescribed use is not for a medically accepted indication as provided under 42 U.S.C. §1396r-8 or the drug is subject to such restriction pursuant to the rebate agreement between the manufacturer and CMS.

The following legend drugs are excluded from coverage:

Anorexia or Weight Gain Medications: Medications used for anorexia or weight gain will not be a covered drug benefit. Exceptions: Methylphenidate and Dextroamphetamine shall be covered drug benefits for Medicaid covered children when prescribed for hyperactivity and narcolepsy. A prior authorization is required for adults. Methamphetamine and Methamphetamine/Dextroamphetamine require prior authorization for both children and adults.

Fertility Medications: Medications used to promote fertility will not be a covered drug benefit.

~~Cosmetic or Hair Growth Medications: Medications used to promote hair growth for cosmetic purposes will not be a covered drug benefit.~~

Cough and Cold Medications: Medications used for the symptomatic relief of coughs and colds will not be a covered drug benefit.

Prescription Vitamins and Minerals Products: Legend vitamin medications will not be a covered drug benefit. Exception: Vitamin medications containing fluoride for children, prenatal vitamins, prescription iron supplements for pregnant women, prescription vitamins to treat end stage renal disease, prescription vitamins covered for specific diagnosis when the FDA has approved use for a specific indication, and medically necessary prescription vitamin preparations for children under 21 when pursuant to EPSDT protocol, shall be a covered drug benefit.

Obesity Medications: Medications with primary usage for the treatment of obesity, such as appetite suppressants, will not be a covered drug benefit.

Less-than-effective Medications: Medications determined by the FDA to be less-than-effective are not covered.

Experimental Medications: Medications that are experimental or investigational are not covered.

Legend Medications Requiring Associated Tests: Legend medications requiring associated tests and/or monitoring will be a covered drug benefit only after obtaining prior authorization. A prior authorization process will also be used to authorize coverage of selected non-covered medications for individuals with specific diseases.

Non-Legend Medications: Non-legend medications are limited to the following categories for children only: non-sedating antihistamines, pediculicides, and topical anti-fungals. The State maintains a complete listing of covered non-prescription (over-the-counter or OTC) drug categories on its public website.

~~Sexual or erectile dysfunction: Medications when used for the treatment of sexual or erectile dysfunction will not be covered.~~

Revised ~~10-01-17~~ 01.01.18

TN# _____ Approval Date _____ Effective Date _____

Supersedes TN# _____