

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

CONNECTICUT

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's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Weight gain medications: Anabolic steroids

Growth hormones

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

All

Prescription vitamins and mineral products

All

Nonprescription drugs (Over-the-Counter)

Some

Antacids, H2 antacids, birth control products, calcium and magnesium preparations, diabetic related products, electrolytic replacement products, hematinics, nutritional supplements, vitamins, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals, artificial tear products

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

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

None

STATE WEBSITE

<http://www.dss.state.ct.us>