

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

IDAHO

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 Only.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Lipase inhibitors only (Xenical)

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

Some

Legend cough and cold products

Prescription vitamins and mineral products

Some

Injectable B12, vitamin K and analogues, legend vitamin D and analogues, pediatric legend vitamin - fluoride preparations. Legend prenatal vitamins for pregnant or lactating women, legend folic acid, and oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients.

Nonprescription drugs (Over-the-Counter)

Some

Permethrin, oral iron salts, disposable insulin syringes & needles, insulin, and Federal legend medications that change to non-legend status, as well as their therapeutic equivalents.

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.healthandwelfare.idaho.gov>