

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

KANSAS

DESCRIPTION

This chart provides information 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 loss: Xenical, Meridia, Phentermine

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

None

Prescription vitamins and mineral products

Some

Select drugs

Nonprescription drugs (Over-the-Counter)

Select drugs in the following categories: Antipyretics, Analgesics, NSAID's, Heartburn Medications, Hydrocortisone Cream, Antihistamines, Antifungal Creams, Vaginal Creams, Antidiarrheals, Ocular lubricant gels and tears, Antibiotic creams and ointments, Topical anitparasitics, Nicotine patches

Barbiturates

Some

Phenobarbital

Benzodiazepines

Some

Clorazepate, Temazepam, Lorazepam, Alprazolam, Diazepam

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

Some

Nicotine Patches

KANSAS – Excluded Drug Coverage (continued)

STATE WEBSITE

<http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/default.html>