

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

**LOUISIANA**

**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*

Xenical

Drugs when used to promote fertility

*Some*

Only when used for non-fertility treatment as described under specific state criteria

Drugs when used for cosmetic purposes or hair growth

*Some*

Accutane

Drugs when used for the symptomatic relief of cough and colds

*None*

Prescription vitamins and mineral products

*Some*

Preparations of Vitamins A, B, C, D, and E; Geriatric Vitamin preparations; Vitamin K preparations; Vitamin B12 preparations; Folic Acid preparations; Niacin preparations; Vitamins B6 and B1 preparations; Multivitamin preparations; Magnesium Salt Replacement; Calcium Replacement; Urinary PH Modifiers (Phosphorus)

Nonprescription drugs (Over-the-Counter), (except dual eligibles as Part D will cover)

*Some*

Sodium Chloride Inhalation Agents; Contraceptives, Topical; Urinary PH modifiers; Antihistamines (Diphenhydramine); 2<sup>nd</sup> Generation Antihistamine Decongestion Combo; 2<sup>nd</sup> Generation Antihistamines

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)

*Some*

Legend drugs indicated for smoking cessation

**STATE WEBSITE**

<http://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm>