

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

MINNESOTA

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

Drugs used to promote weight gain only

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

Certain cough suppressants, expectorants, antihistamines and decongestants

Prescription vitamins and mineral products

Some

Multivitamins, folic acid, Vitamin D analogs

Nonprescription drugs (Over-the-Counter)

Some

Cough suppressants, expectorants, antihistamines, decongestants, proton-pump inhibitors, antacids, laxatives, antidiarrheals, pediculocides, vitamins and minerals, lactase, topical antiseptics, topical corticosteroids, anti-acne drugs, artificial tears, saline nasal sprays, topical antifungals, analgesics

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)

All

STATE WEBSITE

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&Redirected=true&dDocName=id_053197