

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

MISSISSIPPI

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

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

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

Antihistamines, Decongestants, Antihistamine/Decongestant Combination Products; Some Legend Antitussive and/or Expectorants.

Prescription vitamins and mineral products

Some

Prenatal Vitamins for women up through age 45; Vitamin K, Cyanocobalamin; Niacin; Vitamin D; Folic Acid as a single entity; Fluorinated Pediatric Vitamins (for beneficiaries under age 21); Some Renal Vitamins (for dialysis patients).

Nonprescription drugs (Over-the-Counter)

Some

Some OTC Antitussive and/or Expectorants; Insulin; Allergy and Sinus Products; Analgesics/Antipyretics; Digestive Medications; Topical Products; Oral Electrolyte Replacement Mixtures; Vitamins and Minerals listed on the covered OTC Formulary; Ophthalmic Lubricants.

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)

Some

Limited to Phenobarbital and Mephobarbital are covered

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

Some

Limited to Generic Formulations

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

Some

Food and Drug Administration (FDA) approved smoking cessation and nicotine replacement products

STATE WEBSITE

<http://www.dom.state.ms.us/>