

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

MISSOURI

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

Cough and colds.

Prescription vitamins and mineral products

Some

All covered vitamins and minerals.

Nonprescription drugs (Over-the-Counter)

Some

Allergy, asthma, cough and cold, sinus products, analgesics, digestive products, topical products, vitamins and minerals listed on the covered OTC drug product list.

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

Including, but not limited to Alurate, Amytal, Mebaral, Phenobarbital, Seconal, Tuinal, Butisol Sodium, Pentobarbital.

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

Some

Including but not limited to Clonazepam, Temazepam, Diazepam, Alprazolam, Chloridiazepoxide, Clorazepate, Estazolam, Flurazepam, Lorazepam, Oxazepam, Quazepam, Temazepam and Triazolam.

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

None

STATE WEBSITES

<http://dss.missouri.gov/dms/pages/frequpdat.htm>