

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

**VIRGINIA**

**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*

DMAS covers AIDS Wasting drugs for weight gain, and DMAS also covers the following weight loss drugs for those 18 years of age and older, with prior authorization: Xenical 120 mg, Meridia 10 mg, Meridia 15 mg, Phentermine 15 mg, Adipex 37.5 mg, and Tenuate 25 mg.

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*

drugs found on the Over-the-Counter (OTC) list.

Prescription vitamins and mineral products

*All*

Nonprescription drugs (Over-the-Counter)

*Some*

drugs found on the Over-the-Counter (OTC) 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)

*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 WEBSITES**

Virginia Medicaid Pharmacy Main Page:

<http://www.dmas.virginia.gov/pharm-home.htm>

Virginia Medicaid OTC List:

[http://www.dmas.virginia.gov/downloads/pdfs/pharm-OTC\\_%20list\\_12-05.pdf](http://www.dmas.virginia.gov/downloads/pdfs/pharm-OTC_%20list_12-05.pdf)