

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

WISCONSIN

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

All

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

All

Prescription vitamins and mineral products

None

Nonprescription drugs (Over-the-Counter)

Some

Analgesics; digestive products (H2 Antagonists); feminine products; and ophthalmic lubricants. Products covered with restrictions: allergy, asthma, and sinus products (loratadine, diphenhydramine, pseudoephedrine); cough and cold preparations (cough syrup containing expectorant with or without dextromethorphan only); non-H2 antagonists (Prilosec OTC only); topical products (antibiotics, antifungal agents; capsaicin, hydrocortisone).

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.dhfs.state.wi.us/medicaid/>