

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

CALIFORNIA

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

Some

The state only covers cough and cold preparations included in its Contract Drugs List.

Prescription vitamins and mineral products

Some

The state covers select prescription vitamins and minerals pursuant to prior authorization or utilization restrictions. Combination vitamin and mineral products are not covered. Vitamins or minerals used for dietary supplementation are not covered.

Nonprescription drugs (Over-the-Counter)

Some

The state covers most over-the-counter drugs, except for some analgesics and cough/cold medications not included in its Contract Drugs 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 WEBSITE

<http://www.medi-cal.ca.gov/references.asp>