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

ARKANSAS

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
Androgenic Agents

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
Antitussives; Antitussive-Decongestants; Antitussive-Expectorants

Prescription vitamins and mineral products
Some
B12; Folic Acid; Vitamin K

Nonprescription drugs (Over-the-Counter)
Some
Antiarthritics; Antibacterials and Antiseptics; Antitussives; Antitussives-Expectorants; Analgesics; Antipyretics; Antacids; Antihistamines; Antihistamine-Decongestants; Antiemetic/Vertigo Agents; Antimalarial; Electrolytes and Miscellaneous Nutrients; Emollients; Fat Soluble Vitamins; Gastrointestinal Agents; General Inhalation Agents; Hematinics; Laxatives; Opthalmic Agents; Respiratory Acids; Sympathomimetics; Topical Hematinics; Laxatives; Opthalmic Agents; Respiratory Acids; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; Vaginal Antifungals

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)
Some
Nicotine Gum; Nicotine Patches; Generic Zyban; Varenicline

STATE WEBSITE

https://www.medicaid.state.ar.us/Download/provider/amprcd/searcharea/manuals/pharmacy/pharmacy_ii.pdf