

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

GEORGIA

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

None

Prescription vitamins and mineral products

Some

Prenatal vitamins and fluoride preparations that are not in combination with other vitamins and Carnitor; Folic Acid 1 mg; Legend prenatal vitamins for women.

Nonprescription drugs (Over-the-Counter)

Some

Enteric coated aspirin (covered under per diem for nursing home members), PEN-X, ibuprofen suspension for members under 21, diphenhydramine, insulin, iron, KLOUT, Meclizine, insulin syringes, urine test strips, generic over-the-counter (OTC) non-sedating antihistamines, H-2 Receptor antagonists, topical antifungals and proton pump inhibitors.

For ESRD (End Stage Renal Disease) Patients Only (when the physician has certified them for medically accepted indication through the prior approval process) all strengths and dosage forms of each drug entity are covered with some exceptions: Calcium Carbonate with Glycine, Calcium Lactate, Dioctyl Sodium/ Calcium Sulfosuccinate, Niacin, Pyridoxine Hydrochloride, Thiamine Hydrochloride, Vitamin B Complex.

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

Phenobarbital and Mepbaral

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

Some

The generic benzodiazepines classified as anxiolytics, chlordiazepoxide (Librium), diazepam (Valium), alprazolam (Xanax), lorazepam (Ativan), oxazepam (Serax), and chlorazepate dipotassium (Tranxene) are covered for adult members for three (3) prescriptions per calendar year. Prior approval with appropriate documentation is required to extend therapy beyond three (3) prescriptions per calendar year.

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

None

STATE WEBSITE

<https://www.ghp.georgia.gov>